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ABSTRACT

Described are 27 projects originally funded by the Bureau of Education for the Handicapped as part of the Handicapped Children's Early Education Program. An introductory section gives background information on the principles, beginnings, and activities of the projects. Provided for each of the project descriptions are the following: project title, project location, number and type of children served, a description of the educational program, report of the project's evidence of effectiveness, and materials available. Projects in the following states are described: Colorado, Georgia, Hawaii, Illinois, Iowa, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, South Dakota, Texas, Utah, Virginia, and Washington. A graph gives information on all the projects in terms of number of children served in 1973-74, age ranges of those served, handicaps served, staff members, and test instruments used. A final section on project impact focuses on the relationships between the projects and the organizations with whom they work, spinoffs of the project to the communities and states, and sources of continued funding. (DB)

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IT'S MONDAY MORNING

A HISTORY OF TWENTY-SEVEN HANDICAPPED CHILDREN'S EARLY EDUCATION PROJECTS

coordinated by
Diana Pefley and Hal Smith

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THE FOLLOWING PEOPLE, FROM THE FIRST CHANCE NETWORK, BEH, AND TADS, WORKED IN VARIOUS WAYS TO PRODUCE THIS BOOK:

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I rap against the screen door.
It's locked on the inside.
Ms. Smith is home.
The door opens into ninety degree half light.
The living room curtains are pulled shut.

Laundry is heaped in the kitchen doorway,
Spilling into the dining room.
It's Monday morning:
Ms. Smith got up at six to see her children
   off to school.
She started on her laundry.
She went back to bed.
It's Monday morning.

The question is . . .
Do I understand this Monday morning?
Do I understand the trips to the emergency room
And waiting three hours Friday night with a
   child's injured foot?
Do I understand cleaning someone else's house all day,
Cooking and doctoring all night . . .
Into the morning?

from *Touching Base with Parents*
by Nancy Cudmore

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New Jersey (Newark)
New Mexico (Clovis)
New Mexico (Las Cruces)
New York (Commack)
North Carolina (Morganton)
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FOREWORD

In 1969, the United States Congress established the Handicapped Children's Early Education Program (HCEEP) under the administration of the Bureau of Education for the Handicapped (BEH) in the Office of Education. Every year since then, a select group of projects--which have been widely distributed geographically--have been given funds to develop programs designed to provide educational services to young handicapped children.

This publication contains the "story" of one set of projects: the twenty-seven first funded in July of 1972. The book is intended to provide the reader with a clear and balanced picture of the activities engaged in by projects as well as to provide a guide to the types of services they offer. It is also intended to give readers a means of examining the effectiveness of the projects.

Although TADS coordinated its development, the material in IT'S MONDAY MORNING was compiled and contributed by the projects themselves. Bud Moore, Mike Priddy, and Tim Sturm of TADS worked on putting the project abstracts together with information provided by each project. Charlie Walton wrote the final manuscript based on the contributions of the project directors.

David L. Lillie
Director, TADS

BEGINNINGS

HOW THIS BOOK CAME TO BE

The Bureau of Education for the Handicapped had an idea. The idea was simple, but sound: provide funds to selected agencies in strategic areas and assign them the vague, but essential task of helping others to do better jobs of helping handicapped children.

BEH's first early childhood model projects were set in motion in 1972. Everyone hoped for the best, but no one guessed how positive and far-reaching the results would be.

The model projects' influence continues even now. But already, the results are more extensive than the original planners could possibly have envisioned. The twenty-seven projects became more than addresses on a lifeless mailing list. Their staffs met; they discovered mutual attitudes, values, and needs; they evolved a close-knit fraternity of service; and they moved out to attack many new frontiers.

When things go better than anyone expects, when there is an unanticipated degree of success, it is appropriate to talk about "how." This book records the hows, whens, and wheres of the first BEH early childhood model projects. The information, like the projects, is designed to serve the public. Regardless of your relationship to young handicapped children, there is something among these experiences which relates to you.

Read the book; generate an idea; help a child.

THE CONCEPT

The 1972-1975 story of the projects is a personal story. It is the three year history of productive, professional friendships among twenty-seven programs. It is the story of the impact of belonging to a national network of projects seeking to offer a first chance to young handicapped children.

The projects represent states from coast to coast. They reflect a variety of approaches, locations, backgrounds, and disciplines. Yet they have in common an unquestioned dedication to the education of young handicapped children and a philosophy that there is always a better way.

The Handicapped Children's Early Education Program (HCEEP) was originated to elicit the ideas of local people. It is designed to seek the most effective ways to provide services to young handicapped children and their parents. Services are intended to touch all pertinent aspects of the lives of the children enrolled in the model demonstration projects.

The projects are intended to give visibility to the variety of ways of meeting needs of young children with handicaps. They also serve as working models for other agencies to copy.

The task of creating a model project is many-faceted and difficult, but it is also challenging and rewarding. Project components listed in the legislation include training, assessment of child progress, coordination with public schools and other agencies, dissemination and evaluation. All these components must be addressed. A clear and replicable model is to be developed and demonstrated within three years.

Persons from a number of disciplines have to be called in to help develop the projects. One of the philosophical tenets of the HCEEP is that special education, child development, and other appropriate disciplines should have ongoing input to the program. Another is that parents and families should occupy active planning, doing, and evaluating roles. There must always be a variety of options available to meet individual differences. Family members are of crucial importance to the success of the children and the project.

Another of the basic tenets is that no project should operate in a closed, self-contained manner. Involving a wide range of other agencies which are (or should be) concerned with young children has been a most effective way to make lasting impact and to multiply resources. Experience has shown that an effective way to open the doors of collaboration is to provide needed assistance or cooperative services to other agencies. More often than not, a broader working relationship has evolved when assistance has been rendered.

HCEEP projects represent a wide diversity of approaches, staffing patterns and kinds of programming. Their staffs, however, find it helpful to be informed about what others are doing, and there are frequently exchanges of information and a cross-fertilization of ideas and techniques. This diversity, coupled with careful record-keeping and evaluation, is intended to add to the body of knowledge about what works best with children with various handicaps.

In the words of Jane DeWeerd, HCEEP Program Officer, "The projects believe in what they are doing--and so does the Bureau of Education for the Handicapped, which is proud of the catalytic effect the First Chance projects are producing."

GIVING THE CONCEPT WINGS

The project directors first met in 1972 at Winter Park, Colorado, with representatives of BEH and TADS. They came together as twenty-seven individuals, anxious and concerned about the responsibilities of directing federal grants. They parted three days later as colleagues. Winter Park was the beginning of a closely knit, warmly relating group with a special identity of its own.

It has been this group feeling that has made all the difference. It has flourished through the three years of work. Communications have constantly been strengthened through the yearly meetings initiated by the project directors every spring in Iowa, Maine, and Utah, and through the annual Fall Project Directors Meetings in Washington, sponsored by BEH.

The Washington meetings provided an excellent forum for sharing and exchanging ideas. The agendas of the meetings were planned to demonstrate the wealth of program ideas existing in the First Chance Network. The meetings encouraged interaction of programs and provided formal guidance and assistance from the staffs of BEH and TADS according to the needs of individual projects.

The spring meetings were begun in recognition of the importance of the interpersonal relationships which were developing. These annual meetings enhanced the feeling of group identity. There was no need for a highly structured agenda. Rather, there was a feeling of productivity and usefulness which resulted naturally from getting such a group together. Common interests structured the group sessions. Project directors could get to know people from other parts of the country and learn alternate styles and methods. Above all, there was the opportunity to discuss with respect the contributions of other programs and philosophies.

During these three years there was both personal growth and an exciting expansion of program quality. All directors were enriched by their contacts. There was a willingness to share which was enhanced by the increasing knowledge of the opportunities available in the Network.

SHARING THE WEALTH

Through the meetings of project personnel, hundreds of contacts were made in which advice, materials, information, or assistance from one part of the Network to another were requested. Time and again, one project's experience provided answers for a sister project's dilemmas.

The Child Development Center in York, Pennsylvania, a First Chance Project, asked to review a Georgia model for possible use in serving emotionally handicapped children in York. After a three-day site visit by two staff members, the Rutland Center's Developmental Therapy Model became a part of the York demonstration model.

A meeting for familiarization of the six First Chance Projects in Michigan was requested in the fall of 1974. This meeting was held in the office of the outreach project. A follow-up meeting resulted and a conference was held the following September to allow all school superintendents and administrators in Michigan to learn about the projects and to begin utilizing them as resources.

The Director and the Coordinator of the Lancaster, South Carolina Program visited Ochlocknee, Georgia with the result that the Ochlocknee Program (and project) is replicating the Lancaster approach for delivering speech and hearing services to three and four year olds.

Utah received assistance from the Bill Wilkerson Speech and Hearing Center in Nashville, Tennessee to develop the Ski-Hi Auditory Program. A consultant from

Wilkerson visited the Utah Program. Two people from the Ski-Hi project staff visited the Tennessee Program and were provided with print, slide, and video materials.

When the Alexandria, Virginia City Schools were planning their preschool screening program called Project Child Concern, they requested screening information from BEH outreach agencies. The local outreach agency knew about and requested material from Maine. Samples of the various assessments were received and put to use along with an initial letter for parents, and a developmental questionnaire. The public school system was extremely responsive and adapted much of the material, even changing several of the screening devices they had used in the past.

Amarillo, Texas Projects made two site visits to Project PEECH, accompanied home teachers on home visits, and participated in a staff meeting.

The Commack, New York Infant Program hosted a visiting team from Stockton, California's National Collaborative Infant Project. There was a sharing of ideas and experiences which was profitable for both coasts.

The progress hasn't all come easily. Getting twenty-seven project directors together and involved in group processes is in itself a feat of calendar magic. Even so, the results have proven well worth the headaches. At the base of every success has been individual commitment. More than selfish drive has been called for. There has been, of necessity, a commitment that went far beyond the individual projects to the Network as a whole.

Each of the twenty-seven models has grown over the past three years. There have been increases in sensitivity, in awareness and in respect for others. While approach and philosophy have remained fairly constant, the quality has improved perceptibly because of the experiences shared, the opportunities to meet others tugging at the same loads, the exchanged wealth of ideas and resources, and BEH's creation of a supportive atmosphere. The benefactors have been young handicapped children and their parents.

SERVING FAMILIES, PARENTS, AND CAREGIVERS

First Chance third year projects have used a variety of approaches in serving the parents, families, and other caregivers of young handicapped children. In spite of the variety, the geographic and the cultural differences, there have been some points that have always been true.

Whether services are delivered through center based, home based, community based, or combinations of these models, the lasting, longitudinal results are most effective when parents or caregivers are involved as an integral part of the program. Those persons responsible for the child's care, when involved, informed, and supported can facilitate project effectiveness. They are the primary educators of the child and must be seen as valued members of the educational team.

The need for services to families begins when child services begin. From referral and identification to teaching and follow-through services, family needs parallel child needs.

Parents can be viewed as advocates in the public system for themselves and their children. Parents have both the responsibility and the right to make decisions affecting their lives and the lives of their children. These rights must be encouraged and protected. At the same time, the project staff must recognize professional and personal limitations with regard to family services.

By establishing and maintaining non-judgmental relationships with families, project staffs can provide them with alternatives regarding placement and types of services. They can also give support and can encourage families in their decisions.

The support given to a family of a handicapped child includes support in handling the changing levels of acceptance of the handicap as well as the emotional support that must be ongoing. Emotional support continues as the family accepts the child and begins to develop expectations. Steps in this cycle follow a predictable sequence:

1. the identification and definition of the problem
2. the rejection of the problem
3. despondency, guilt, and blame
4. the acceptance of the handicapping condition
5. setting appropriate expectations
6. planning for a realistic, normalized life style

The indirect services provided to the families and caregivers of handicapped children are those services that are provided directly to the child. The families benefit from these in many respects.

Direct services provided to parents, families, and caregivers are numerous. They have been provided through center based, home based, community based or combination models and through numerous types of activities.

ACTIVITIES THAT HELP

Instructional activities often include parent education groups open to all parents or those groups set up to meet specialized needs. Some of the areas covered in parent education programs have been:

1. principles of child development
2. principles of child care
3. behavior management
4. handicapping conditions

5. teaching techniques
6. health and nutrition
7. equipment, toys, and how to use them
8. physiotherapy training
9. remedial and therapeutic activities
10. parenthood training
11. language development

Task oriented activities involve the children's families in specific tasks that are suggested by project staff. The objective is the instruction of the child by the parent or caregiver. Some task oriented activities are not instructional, but are undertaken to raise money for specific purposes, such as to build playground equipment or to make classroom materials.

In some programs, parents--as volunteers or as paid staff--play vital roles as the educators of their own children. Their roles may be carried out in the home in a home based educational program or in a classroom or resource center environment as volunteers or aides. Parents have added new dimensions to programs. They can become more than supportive personnel. They have valuable contributions to make as program planners, decision makers, and members of advisory groups. Some parents have served as resource people to professionals during workshops for teacher training. Others have served as child advocates on school boards in effecting legislation and in community awareness activities.

In First Chance Projects, family members are often involved in screening, identification, assessment, educational planning and implementation, and follow-up procedures for the child. These interactions are organized and coordinated through conferences, letters, newsletters, brochures, or over the telephone. Parents are encouraged to take part in multiple phases of any program for their child. Opportunities are provided for families to observe and receive feedback on the progress of their child.

Projects have offered support when children have moved from a First Chance Project to another setting. Personnel have informed parents of their rights as well as of their children's rights; have outlined and defined the various educational alternatives available; have encouraged the families in the decision making process and supported their final choices. Project staff members have assisted parents in locating and acquiring services for their children and have made available information concerning any services needed by the child or the family. Projects have served as both information and referral sources.

Family counseling and guidance services have been delivered on individual and group bases and from parent-to-parent. This counseling and emotional support is individualized according to the circumstances and needs of each family or parent. Some of the topics covered in this component have been:

1. assessing the total family's needs
2. understanding and accepting a handicapping condition
3. establishing family equilibrium

4. maintaining normal family functions
5. dealing with feelings of guilt and anger
6. seeking crisis intervention assistance
7. handling a handicapped child

Other kinds of services offered to families include providing transportation to meetings or appointments when needed, coordinating medical and other appointments for the family and the child, coordinating services with other agencies, providing the family with literature and educational materials, sending parents to conferences, arranging family social gatherings, providing respite care and babysitting, giving medical interpretations when necessary, giving assistance and information about job opportunities and community resources available to families, and providing the family with the services, materials, or equipment that they need but cannot afford.

SPECIAL SERVICES REQUESTED BY PARENTS

On a few occasions, parents or families requested services that were not a part of the project. The request made most often has concerned the continuation of programs through the summer. Families have asked for summer programs or for specific individual programs for their child that can be continued at home by the family.

Requests for specific training as well as for assistance in enrolling in basic education or college classes and obtaining funding for these have been made.

Parents have asked for project staff to appear at public school placement appeals as well as to provide linkage between the project and the public school classroom.

As a result of project-parent group meetings, one parent group asked that they be incorporated as an organization and conduct their own monthly meetings.

In addition to requested services, there are some activities that are offered or developed as the need arises. One project has fathers' group meetings one evening a week and on Saturdays to make it convenient for the fathers to attend and participate in a classroom program with their children.

Another special request resulted in mothers' meetings being scheduled three times a week so that each mother might attend at least one meeting a week. Some parents have taken initiative to plan meetings which will address their specific needs. Sometimes parents will take on projects such as raising snack money for their children. Some projects have provided a once-a-week walk-in psychological counselor. Others have offered autogenic training (relaxation exercises). Clothing has been provided for children and families in need. Projects have served as a liaison between families and family planning and genetics clinics.

There are some services which must be made available to families, parents, and caregivers. There are other services which arise naturally because the project workers care. As one mother put it, "Other people have said that they would help us, but they come once or twice and then never come again--but Miss Jean, she's our friend, she comes every week."

TOUCHING BASE WITH PARENTS

The houses are the same.
The numbers label the differences.
Names are written in plants in gardens,
In slow moving porch swings,
In mended screens.

I rap against the screen door.
It's locked on the inside.
Ms. Smith is home.
The door opens into ninety degree half light.
The living room curtains are pulled shut.

Laundry is heaped in the kitchen doorway,
Spilling into the dining room.
It's Monday morning:
Ms. Smith got up at six to see her children
  off to school.
She started on her laundry.
She went back to bed.
It's Monday morning.

The question is . . .
Do I understand this Monday morning?
Do I understand the trips to the emergency room
And waiting three hours Friday night with a
  child's injured foot?
Do I understand cleaning someone else's house all day,
Cooking and doctoring all night . . .
Into the morning?

Do I understand waiting for a cousin to come
  with his three children
To drive to get groceries at eleven o'clock
And coming home to cook and feed and wash and care
Until Monday morning . . .
When it starts all over again?

I understand. And I'm exhausted.
Ready to leave.
Then we talk about school and what Betty's doing--
How she's spending time writing her letters.
How she's always wanting paper and coloring books.
And I remember when she wouldn't even sit
   with a pencil in her hand . . .
When she didn't even want to try.

Then we talk about how times have changed.
How Ms. Smith went almost to the sixth grade
   and worked in the fields with her father.
We talk about her mother's funeral.
We talk about what children need . . .
   and what she wants her children to have.

We talk about what she can give her children
   and how times can change . . .
   how they must change for our children.
We talk about how we can make them change.

Ms. Smith is sorting laundry.
She walks me to the door and pulls the curtain open.
The question is--where do I try to open up
   new understanding?
The question is--what do you need from me in
   order to go on?
The question is--what can I show you--that you
   already have--that will give you the joy you
   seek?

In the small and natural way so easy
   that you might accept the pleasure in living
   for your own?

Nancy Cudmore
Rutland Center
Athens, Georgia

SERVICES

SERVICES TO CHILDREN

The First Chance Projects share many basic principles in their delivery of services. Early identification common to all projects may also include screening as well as assessment. Individual programs for each child are based on needs established by the initial assessment.

Parents and families are involved in the provision of services to the child. Their involvement may be as a volunteer, as primary programmer for the child, or as a member of the advisory council. Parents are provided means of involvement through parent conferences, training programs, discussion groups and their child's program.

Coordination with other agencies is essential to insure that all the child's needs are being met. Supplementary services necessary for a total program for the child are frequently obtained by a community agency. Appropriate placement for each child leaving the model program results from community involvement. The coordination with other agencies facilitates the model program in providing supportive follow-up services.

The First Chance model programs deliver services through home programs, center programs, or a combination of both. They include children from birth to eight years of age.

Many programs utilize a team approach to deliver services, a team developed to meet the child's needs totally. Each program has developed curriculum materials or techniques to meet the unique needs of the handicapped child. Many of the materials and techniques will be utilized in the outreach activities.

A variety of transportation systems are utilized by First Chance projects. Many use the public school buses, some use taxis, others use parent car pools. The model programs provide a variety of indirect services to children. Professionals and paraprofessionals are trained in ways of working with infants and children. Materials and training methods have been developed for such training. Staff members of the First Chance projects frequently serve as consultants to or provide resources for other programs for young children.

Evaluation of the program as well as of the child and family is a continuous process. Data is acquired which will support the need for early intervention for the handicapped.

Descriptions of individual projects and their services will be found on the following pages. The projects are arranged alphabetically, by states.

PROJECT TITLE. Sewall Early Education Developmental Program (SEED)

PROJECT LOCATION. Sewall Crippled Children's Society of Denver, Inc.
1360 Vine Street, Denver, Colorado 80206
(303) 399-1800; Diana Pefley, Project Director

CHILDREN SERVED. The program serves varied categories of handicaps in children between the ages of birth and four years. The children are generally multi-handicapped with near normal intelligence and no primary emotional problems. Forty-one children were served in 1973-74. In 1974-75 the number of children served was thirty-nine.

EDUCATIONAL PROGRAM. An interdisciplinary team approach is utilized. Individualized objectives are written for each child in each of nine curricular areas. Individual programs are based on initial assessment and are under continual scrutiny as to effectiveness and needed revision.

Children receive treatment in one or more of the three components of the SEED program: the home program, one to two hours per week; the parent-child program, two one and one-half hour sessions per week; the preschool program, three, two hour sessions per week with monthly meetings for parents and quarterly evening meetings for fathers and their preschoolers.

EVIDENCE OF EFFECTIVENESS. Data reported by the SEED Program summarized gains of thirty-two children for whom both pre and post-test data were available. As a group, project children achieved approximately 70 percent of the objectives that were set for them.

Table 1

Percent of Total Individual Objectives Attained
By Length of Time in Program

	Months in Program				
	4-6	7-9	10-12	13-15	16-19
Percent of Objectives Attained	72.7	63.7	70.8	72.3	80.0

Development of sensori-motor integration and reflexes was measured in terms of a child's functional level compared to the standards for his chronological age. All groups made increases.

Table 2

Changes in Sensori-Motor Integration and Reflexes

	Months in Program				
	4-6	7-9	10-12	13-15	16-19
Pre-Test	1.3	1.4	2.0	2.0	1.3
Post-Test	2.7	2.1	2.9	3.0	2.0
Change	+ 1.4	+.7	+.9	+ 1.0	+.7

Each of the five groups demonstrated gains that were sufficient in all areas for the group to be advanced to the next higher developmental category.

Table 3

Changes in Program Target Areas in Terms of Months in Program

Area	Months in Program				
	4-6	7-9	10-12	13-15	16-19
Language:					
Receptive	5.2	7.5	13.5	20.0	28.0
Expressive	6.2	6.7	12.2	16.3	26.0
Social-Emotional	5.5	7.0	10.2	18.3	24.0
Adaptive	6.6	7.8	12.1	13.7	17.5
Reasoning	5.8	8.0	12.9	21.0	22.7
Motor:					
Gross	3.5	5.0	10.6	15.5	21.7
Fine	5.6	6.2	9.4	17.3	16.0
Self-Help:					
Dressing	8.5	10.9	14.8	18.3	26.7
Feeding	6.6	9.2	11.7	20.3	18.7

In only five of the forty-five reported mean gain scores did children fail to develop skills at a rate equal to or greater than the mean months the children were in the program. A final point of note is that the data indicated that the longer children were in the program, the greater the rate of developmental gains.

MATERIALS AVAILABLE. SEED Developmental Profiles--Instructions and Record Form in the areas of: Social-Emotional, Gross Motor, Fine Motor, Reasoning/Adaptive, Speech-Language, Feeding, and Dressing and Simple Hygiene. An assessment tool for children birth to forty-eight months ($2.00 each).

SEED Developmental Profiles--Record Forms Only, in the areas of: Social-Emotional, Gross Motor, Fine Motor, Reasoning/Adaptive, Speech-Language, Feeding, Dressing, and Simple Hygiene. An assessment tool for children birth to forty-eight months ($ .75 each).

SEED Reflex and Therapeutic Evaluation--Includes oral reflexes, body reflexes, and clinical observations ($ .05 each).

SEED Developmental Activities--Includes equipment list as well as commonly used activities. Devised to demonstrate how simple everyday activities are used to obtain a variety of therapeutic objectives ($1.25 each).

Intake Form ($ .05 each).

PROJECT TITLE. Rutland Center Supplemental Services to Day Care Programs

PROJECT LOCATION. Rutland Center
698 North Pope Street, Athens, Georgia
(404) 549-3030; Dr. Mary Wood, Project Director

CHILDREN SERVED. The Rutland Center staff provides supplemental direct education services to children enrolled in day care programs in Athens. These children represent a variety of handicapping conditions and demonstrate a particular need or deficit that can more appropriately be handled by the Rutland staff than by local day care staff. Forty-nine children were served in 1973-74. In 1974-75, the number rose to eighty-two.

EDUCATIONAL PROGRAM. No single service delivery model suits all the day care centers, parents, teachers, or children served by the center. Services are usually categorized into five groups:

1. Direct Services in Regular Class, with the project staff working on a scheduled basis directly with a child in his/her regular day care class, either individually or in small groups.
2. Direct Services in Special (Resource) Class, with the project staff teaching small groups at four centers. Throughout the day, small groups are scheduled for developmental therapy according to needs and then returned to regular classes.
3. Direct Services at Home, with the project staff working directly with the child at home, involving the parent through observation, planning, and participation.
4. Indirect Services at Home, with the project staff working directly with parents, and thus indirectly with the child on a regularly scheduled basis.
5. Indirect Services at School, with the project staff working directly with the teacher and indirectly, through the teacher, with the child on a regularly scheduled basis.

EVIDENCE OF EFFECTIVENESS. Traditional assessment tools, that is psychological and developmental assessments on standardized instruments, were not routinely used as part of the referral and intake process. The project teacher who received the referral conducted parent interviews, regular classroom teacher interviews, classroom observation of the child, and worked with the child individually if necessary to rate the child on the project-developed Developmental Therapy Objectives Rating Form.

Table 1

Accomplishment of Developmental Therapy Objectives by Level[1]

Area	Level 1			Level 2			Level 3		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
Behavior	89	96	+7	32	56	+24	1	3	+2
Communication	84	96	+12	34	62	+28	5	13	+8
Socialization	84	95	+11	32	54	+22	4	6	+2
Academics	78	89	+11	24	45	+21	0	1	+1

[1] N=49 and is a representative sample of children receiving both direct and indirect services.

Psychological testing and other forms of consultation were used after the child was enrolled, but only when it appeared necessary to clarify the possibility of a deficit which might need outside assistance. This procedure had been validated by project personnel in a previous comparison study.

Children in the project were able to accomplish many more Developmental Therapy Objectives at the end of the school year than at the time of enrollment.

There was a reduction of the high priority problems identified by teachers at referral by the end of the school year.

Table 2

Changes in Percent of Teachers Identifying Child's Problems as High Priority[1]

Child's Problem	Percent of Teachers Identifying Problem as High Priority	
	At Referral	At End of School Year
Reading Readiness:		
Knowing letters	33	7
Forming letters	20	7
Listening to stories	20	0
Telling story sequence from pictures	20	13
Naming colors	13	7
Responds to pictures with words	13	20
Number Concepts:		
Reading numbers	27	13
Counting	13	20
Telling "how many"	20	27
Hand Coordination and Manipulation Skills:		
Stringing beads	7	0
Stacking blocks	7	0
Coloring in lines	33	7
Holding objects	7	0
Catching ball	13	13
Cutting and pasting	13	0

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[1] This data represents only fifteen pre and post teacher ratings.

MATERIALS AVAILABLE. Developmental Therapy by Mary M. Wood, available through TAPEC, Rutland Center, or University Park Press, Baltimore.

The Rutland Center--Developmental Therapy Model for Treating Emotionally Disturbed Children, available through TAPEC, Rutland Center.

Audiovisual materials available on a loan basis through TAPEC.

PROJECT TITLE. Ochlocknee Multi-Handicapped Project

PROJECT LOCATION. Southwest Georgia Program for Exceptional Children
P. O. Box 110-A, Ochlocknee, Georgia 31773
(912) 574-4801; G. Harold Smith, Project Director

CHILDREN SERVED. This project provides direct services to orthopedically handicapped and hearing impaired children up to age eight. In 1973-74, direct services were provided to twenty-six children. In 1975, the project reported that thirty-four were receiving direct service and thirteen were being tracked after being fully integrated into the public schools. The majority of these children are from rural, disadvantaged homes in six counties in southwestern Georgia.

EDUCATIONAL PROGRAM. The Ochlocknee Multi-Handicapped Project provides educational, therapeutic and social services through a centrally located resource center and two field based centers located in surrounding rural areas. These services are the result of community based programming and cooperative interagency involvement and include local public school, public health and early childhood education programs. Both center and outreach services are provided to facilitate early identification, prevention, and/or intervention for young handicapped children.

EVIDENCE OF EFFECTIVENESS. Because the handicapped child exhibits the need for assessment in many areas, one objective of the Ochlocknee Multi-Handicapped Project has been to provide a comprehensive assessment and ongoing evaluation of the child in his environment.

To evaluate the child on a semiannual basis in the five competency areas identified in the project's original proposal, the Lexington Developmental Scale was used. This tool rated the child in: language, cognitive, motor, personal-social, and emotional development. Because the authors of this test feel there are not any norms for emotional development, these results were not reported. In keeping with the main objective of the program (i.e., the integration of the handicapped child into the regular public school), the project adopted the use of a test which would correlate with the type of tests being administered by the schools within the six county shared service area. Based on this consideration, the Peabody Individual Achievement Test (PIAT) was administered twice a year.

Teachers were required to make daily lesson plans to facilitate ongoing evaluation; that is, one lesson plan per child per day. Behavioral management forms were also kept on a daily basis as a record of the child's progress. These presented a daily means of evaluating the progress in specified areas. The use of behavioral management sheets also enabled the teacher to keep an ongoing record of the child's skills as he mastered them.

The following table reports on the average rate of gain in performance of project students on the subareas of the Lexington Developmental Profile. Gains are noted in all four subareas with an overall average rate of gain of 1.5.

Table 1

Average Rate of Gain in Performance of Project Students on the Subareas of the Lexington Developmental Profile

Area	N	Rate of Gain in Months	Average Rate of Gain[1]
Motor	14	16.79	1.20
Language	13	20.07	1.50
Personal-Social	14	19.10	1.36
Cognitive	13	26.57	2.04
Total	14	21.24	1.50

[1] $\text{Average Rate of Gain} = \frac{\text{Gain in Months}}{\text{Months between Pre and Post-test}}$

The next table shows the number of project students who progressed at rates of less than one year, one year, and greater than one year on the Lexington Developmental Scale. More students progressed at an average rate of greater than one year in each subarea and in terms of the overall average rate of gain.

Table 2

Students' Gains on Lexington Developmental Scale

Area	Rate of Gain[1]			Rate of Gain[2]		
	<1 yr.	=1 yr.	>1 yr.	<1 yr.	=1 yr.	>1 yr.
Motor	4	0	10	7	0	15
Language	2	1	10	3	1	18
Personal-Social	3	0	11	4	0	15
Cognitive	0	1	12	1	1	19
Total	2	1	11	3	1	18

[1] Distribution of project students' gains

[2] Distribution of project students' gains (students included with only three months difference in pre and post-test data)

Data are not included for children who, because of late entry into the project, excessive absences, or other reasons, only received one test. However, data are reported for all other students in the project over the three year period.

Since the project adopted the use of the PIAT during its third year, the information was gathered on a limited number of students and is not reported here. The effectiveness of the intervention provided by the comprehensive program of services, however, is reflected in the data presented above on the Lexington Developmental Scale. More project children were progressing at a faster rate of gain than would be expected when evaluated with this instrument. The evaluation of each child's lesson plan on a daily basis and the use of Behavioral Management sheets have been of assistance in bringing about this rate of gain in child progress.

MATERIALS AVAILABLE. Descriptive brochure; suggested equipment list; Physical Therapy Plan form; Language Evaluation sheet; Working With Parents, a manual.

PROJECT TITLE. Enrichment Project for Handicapped Infants

PROJECT LOCATION. 1960 East West Road,
Biomedical Sciences Building,
C-105 M, Honolulu, Hawaii 96322
(808) 948-7265; Dr. Setsu Furuno, Project Director

CHILDREN SERVED. During the academic year 1973-74, sixty-three children ages zero to three were provided with direct services. Fifty attended the center-oriented program, and thirteen were served through a combined home-visit and center program. In 1974-75, the number of children served was thirty-two. All participating children have clinically confirmed evidence of developmental delays or aberrations including all categories of defects present at birth.

EDUCATIONAL PROGRAM. A multi-disciplinary team approach is employed to develop individualized intervention activities in the areas of cognitive, language, motor, social, and emotional development. The parents are expected to assist in teaching their children. Furthermore, it is expected that parents, through participation in the project, will improve their own coping abilities.

Schedules are individualized--with thirty children attending once each week, eleven attending twice each week, eight attending three times each week, and one child coming in once a month.

EVIDENCE OF EFFECTIVENESS. The project staff determined that the best indicator of child development, as indicated by test measures, was a developmental rate (DR) which is computed as: $DR = \frac{DL^2 \text{ minus } DL^1}{CA^2 \text{ minus } CA^1}$

DL^1 = developmental level pre-test score,
DL^2 = developmental level post-test score,
CA^1 = chronological age pre-test,
CA^2 = chronological age post-test.

The project staff suggested that the DR was not affected by the child's age at entry. Other indicators were biased toward younger children, in that such children appeared to develop at a faster rate than older children. The DR, on the other hand, can be compared to 100 percent which is the expected rate of development in normal infants.

The Denver Developmental Screening Test and the Lower Extremity Motor Development and the Upper Extremity Motor Development Tests were administered to all of the population. Results of these tests are shown in the two following tables.

Table 1

Developmental Rate of Sample Population

Tests	N	Means[1]
Denver Personal-Social	35	70.72%
Denver Fine Motor	35	61.19%
Denver Language	35	61.16%
Denver Gross Motor	35	45.41%
Functional Upper Extremity Motor Development Test	33	70.76%
Functional Lower Extremity Motor Development Test	33	56.14%

[1] A mean of 100% is normal growth for the group of infants.

The project staff also studied the test results by breaking the sample population into the four following groups:

Group 1 - Infants with cerebral palsy, spina bifida and hydrocephaly
Group 2 - Infants with Down's Syndrome
Group 3 - Infants where diagnosis is psychomotor retardation and microcephaly
Group 4 - Infants with slow motor development and developmental abnormalities.

The following results were obtained from the tests and subtests.

Table 2

Developmental Rates of Sampled Populations Across Four Handicapping Conditions

Tests	N	$\bar{X}$
Denver Developmental Screening Test		
Personal-Social		
Group 1	10	49.24%
Group 2	11	66.77%
Group 3	5	43.80%
Group 4	9	114.92%
Fine Motor		
Group 1	10	61.90%
Group 2	11	50.58%
Group 3	5	34.66%
Group 4	9	88.11%
Gross Motor		
Group 1	10	21.35%
Group 2	11	53.13%
Group 3	5	16.58%
Group 4	9	78.76%
Language		
Group 1	10	75.92%
Group 2	11	45.14%
Group 3	5	11.76%
Group 4	9	91.77%
Functional Lower Extremity Motor Development Test		
Group 1	11	43.48%
Group 2	10	74.60%
Group 3	5	13.26%
Group 4	7	13.26%
Functional Upper Extremity Motor Development Test		
Group 1	9	65.34%
Group 2	11	77.44%
Group 3	6	49.63%
Group 4	7	85.31%

The overall means indicated that the "average child" in the project was progressing at a rate of increase of 45 to 71 per cent. Some infants made significantly higher gains as indicated by the maximum values obtained in each sub-test for each group. All of the maximum values for Groups 1 and 4 were above 100 percent. All but two of the maximum values were above 100 percent for Groups 2 and 3, thereby indicating the impressive development of several of the sampled children.

Only 10 percent of the children (averaged across all six averages) showed no change or a regression on the developmental level post-tests.

The project staff felt that comparison of group differences could give an indication of the difficulty of various developmental areas for each type of child.

MATERIALS AVAILABLE. Month-by-Month Developmental Chart, birth to thirty-six months, arranged according to gross motor, fine motor, cognitive, language, self-help, and social-emotional development.

Curriculum, according to the above divisions, organized by listing of developmental milestones and detailed activities for reaching them.

Slide-tape explanation of the project.

Videotape of a music session integrating different aspects of development with an audiotape describing concepts involved.

PROJECT TITLE. Parent and Infant Education for the Vision and Hearing Handicapped.

PROJECT LOCATION. Board of Education, Room 664,
228 North LaSalle Street
Chicago, Illinois 6060[illegible]
(312) 641-4138; Norman Gunderson, Project Director

CHILDREN SERVED. During the project year 1973-74, this project provided home training for twenty-four vision and twenty hearing impaired children and their parents for the habilitation of specific individual handicaps. Also, four vision and four hearing impaired children, between the ages of two and one-half and three years, were provided socialization activities to facilitate their transition into nursery school.

EDUCATIONAL PROGRAM. This program is designed to improve the parent-child teaching situation in a large urban area. Because many of the children come from underprivileged homes with limited transportation, a basic home visitation structure is utilized. Project personnel first demonstrate instructional techniques to parents for teaching specific behaviors to their children. Parents then practice those techniques, while staff members are present. Following the practice activities, they train their own children, utilizing the techniques. Follow-up home visits are utilized to insure successful application of the teaching principles.

EVIDENCE OF EFFECTIVENESS. Several new children were enrolled at various times during the project year. Staggered enrollment, accompanied by some children leaving the program, resulted in varying lengths of service delivery. Therefore, the children's progress data were reported in terms of changes in developmental rates, as computed through developmental quotients.

Table 1 shows the mean age and developmental change data for five blind, one partially sighted, and four multi-handicapped/visually impaired infants. Pretest data showed that these children, as a group, were developing social skills at a rate of 77 percent of their chronological age. At the end of the training, these children were developing the same skills at 82 percent of their chronological ages: an increase of 5 percent above the pre-test rate.

Table 1

Pre and Post Test Mean Scores and Social Quotient Gain of Children in Program

N	Pre-Test			Post-Test			Gain
	C.A.	S.A.[a]	S.Q.[b]	C.A.	S.A.[a]	S.Q.	
10	2.6	2.0	77	3.4	2.8	82	5

[a] As measured by Maxfield-Buchnolz Social Maturing Scale

[b] Social Quotient (S.Q.) = $\frac{\text{Social Age (S.A.)}}{\text{Chronological Age (C.A.)}} \times 100$

The effects of the program's intervention for seventeen hearing impaired (eight deaf, six hard of hearing, three multi-handicapped/hearing impaired) infants included substantial gains in both the receptive and expressive language areas, as can be seen in Table 2.

Table 2

Pre and Post-Test Mean Scores and Developmental Quotient Gains

Development Area	N	Pre-Test			Post-Test			Gains
		C.A.	D.A.	D.Q.	C.A.	D.A.	D.Q.	
Language Receptive	17	2.8	1.0	36	3.4	2.1	62	+26
Expressive	17	2.8	.6	21	3.4	1.5	44	+23
Social[a]	17	2.8	2.2	79	3.5	3.0	86	+ 7

[a] Social development measured by Vineland Social Maturity Test.

These data indicate that after periods of enrollment in the program, visually and hearing impaired children had higher developmental quotients than prior to enrollment.

MATERIALS AVAILABLE. None.

PROJECT TITLE. Model Demonstration Project, Handicapped Children's Early Education Program

PROJECT LOCATION. Heartland Area Education Agency #11
1932 S.W. 3rd Street
Ankeny, Iowa 50021
(515) 964-2550; Dr. Robert Gibson, Director of Special Education

CHILDREN SERVED. About sixty children receive direct services through the project. Admissions are based on discrepencies between functional levels in basic developmental areas and the child's chronological age.

A broad range of handicapping conditions are represented in the population, including: mental retardation, hard of hearing, deaf, speech impaired, visual handicaps, emotional and social discrepencies, and physical and health impairments.

EDUCATIONAL PROGRAM. Nine of the selected children receive direct services through participation in a model five-day-a-week preschool setting with normal peers. The frequency with which these children participate varies with their individual needs. Schedules range from two half-hour sessions per week to one one-hour visit per week. The project staff provides on-site support of the regular preschool staffs. In both cases, prescriptive teaching techniques that incorporate instructional and psychological objectives are followed for each child.

The project also runs a Home Intervention Program for more severely handicapped children. These children are ages six months to five years.

There is major emphasis on parent involvement with fifteen different preschool parent groups collaborating with the project. There is a family seminar three hours a month, and an Exceptional Mother Club which meets once a month and serves as an advocate group.

EVIDENCE OF EFFECTIVENESS. Thirty-nine of the forty participants in the program were successfully integrated into regular nursery schools, kindergartens, or day care centers. Only one child was referred to a Special Education Class (to a preschool deaf education program).

The results of pre and post-test testing in developmental areas utilizing the Alpern-Boll Developmental Profile and the Peabody Picture Vocabulary Test can be found in Table 1 and Table 2. As can be seen, developmental ages in specific areas of development increased twice as fast during the seven and one-half month treatment period as one would have expected for normally developing children.

Table 1

Pre and Post-Test Results and Gain Scores on the Alpern Boll Developmental Scale*

	Pre-Test		Post-Test		Gain	
Alpern Boll (N=40)	Mean	Range	Mean	Range	Mean	Range
Physical Age	4.46	2.16-7.33	5.69	3.66-8.33	1.40	-0.66-3.33
Self-Help Age	4.87	2.66-7.50	6.49	4.16-8.83	1.57	00-3.33
Social Age	4.21	1.66-8.66	5.70	3.16-8.66	1.48	-0.83-4.00
Academic Age	3.76	1.83-6.16	5.28	3.33-7.33	1.50	00-3.83
Communication Age	3.70	2.00-7.16	5.01	3.00-8.50	1.35	00-4.50
I.Q.	83.45	38-148	105.2	73-165	22.47	0.91-6.16

*Mean Test-Retest Period = 7 months 11 days

Table 2

Pre and Post-Test Results and Gain Scores on the Peabody Picture Vocabulary Test*

	Pre-Test		Post-Test		Gain	
Peabody Picture Vocabulary Test (N=38)	Mean	Range	Mean	Range	Mean	Range
Mental Age	4.04	2.16-6.50	5.45	3.0-8.0	1.44	.08-4.66
I.Q.	88.28	42-119	101.78	62-131	13.5	-7-44

*Mean Test-Retest Period = 7 months 14 days

MATERIALS AVAILABLE. 1. Focus on The Role of Assessment

2. Focus on the Educational Setting
3. Activities for the Preschool Child
4. Instructional Packet on Prescriptive Teaching Procedure (available free with sample prescriptive form)
5. Chart of the developmental skills

PROJECT TITLE. Comprehensive Early Childhood Program

PROJECT LOCATION. Joint County School System
4401 Sixth Street, S.W.
Cedar Rapids, Iowa 52406
(319) 366-7601; Myron W. Rodee, Project Director

CHILDREN SERVED. During the 1974-75 school year, this project served 145 children between the ages of zero and seven with direct services. These children represent various degrees of numerous handicapping conditions in the six county area served by the Joint County School System.

EDUCATIONAL PROGRAM. The program is designed to meet the individual needs of preschool children who demonstrate a developmental delay in one or more of the following areas: cognitive, social, self-help, motor, or language skills.

Acceptance of a child into the program is on the basis of recognized delays rather than upon categorization by handicapping condition. That is, formal diagnosis and labeling is not necessary for acceptance into the program.

Educational services are provided in eight center based programs serving six hours per day, five days per week.

EVIDENCE OF EFFECTIVENESS. Of the children served in 1973-74, sixty-three were administered the Alpern Boll Developmental Profile on a pre and post-test basis. The pre-test was administered, usually within the first month of the child's acceptance into the program. The post test was administered during the last month of school.

Mean gain scores for children grouped according to the number of months between pre and post-testing indicated that there were substantial gains in all developmental areas.

Table 1

Pre and Post-Treatment Mean Developmental Gain Scores for the Three Groups of Children Served

Developmental Area	Group A* 1-3 mos.		Group B* 4-8 mos.		Group C* 9-11 mos.	
	Gain	Range	Gain	Range	Gain	Range
	(N=6)		(N=35)		(N=22)	
Physical (motor)	7.0	0-14	10.1	2-38	14.3	6-24
Self-Help	8.3	0-26	11.5	14-42	15.0	8-20
Socialization	11.0	0-44	11.1	2-46	11.5	6-8
Academic (cognitive)	11.5	0-24	11.3	16-30	19.0	6-44
Communication (language)	6.0	0-16	11.5	12-42	12.00	4-24

*Time between pre and post-testing

In order to determine gains and losses as related to the child's chronological age, gain scores were also computed against chronological age. That is, if a child were in a program for three months, one might anticipate that the child would develop three months growth through maturation alone. Therefore, the project determined the amount of growth for each child beyond length of time in the program by subtracting the number of months in the program from the total measured growth in months during that period. These data are shown in Table 2.

Table 2

Gains in Development Beyond Normal Growth and Development Expectation

Developmental Area	Group A* 1-3 mos. Gain	 Range	Group B* 4-8 mos. Gain	 Range	Group C* 9-11 mos. Gain	 Range
Physical (motor)	5.0	2-13	4.2	13-33	4.2	2-14
Self-Help	5.7	8-13	5.9	10-37	4.8	2-10
Socialization	9.0	2-41	5.6	13-41	2.8	0-8
Academic (cognitive)	9.8	2021	5.5	22-25	8.8	1-34
Communication (language)	3.0	1-13	3.4	18-37	2.2	5-14

*Time between pre and post-testing

Even the adjusted data represents considerable growth in development if it is recognized that the children were behind in normal developmental rates at the initial assessment and would be expected to fall further behind as they matured chronologically without appropriate services.

MATERIALS AVAILABLE. None.

PROJECT TITLE. Preschool Handicapped B-6 Parent-Child Home Stimulation Project

PROJECT LOCATION. Marshall-Powenshiek Joint County System
9 Westwood Drive
Marshalltown, Iowa 50158
(515) 752-1723; John D. Montgomery, Project Director

CHILDREN SERVED. During the 1974-75 FY, the Marshalltown Project provided direct services to 206 children ranging in age from twenty-two days to six and one-half years. One hundred and forty-two children were enrolled. Fifty-three were assessed and found not eligible. Eleven were assessed and found eligible but not enrolled. At the close of the project period 1974-75, nine home advisors were carrying a caseload of one hundred and thirty-eight children.

EDUCATIONAL PROGRAM. The project is designed to provide educational services, in the home, to preschool, educationally deprived, handicapped children of ages birth to five. The main thrust is directed toward parents in an effort to help them become more effective "first" teachers.

The home intervention services consist of weekly individual parent training sessions with home trainers and monthly group parent meetings with the project staff. The parents are taught to be prescriptive teachers of their own children. They work directly with the children every day for thirty to sixty minutes in "learning episodes" that were designed by the staff and the parents. These episodes are reviewed weekly by parents and the project staff.

EVIDENCE OF EFFECTIVENESS. Changes in the children's development can be noted by reviewing Table 1. For example, the four children in the two year old age bracket, communication category, had a mean gain of 1.6 months, developmentally, for each month in the twelve month pre and post-test interval.

Table 1

Children's Developmental Growth Rate Per Time in Months in Project

Category	Age in Years						Mean Gain Across All Ages
	1[a]	2	3	4	5	6	
Communication		1.60	1.65	2.00	1.97	1.48	1.74
	n=1	n=4	n=9	n=10	n=6	n=2	n=31
Motor		1.73	1.65	1.86	2.15	1.67	1.81
	n=1	n=4	n=9	n=10	n=6	n=2	n=31
Social		1.23	1.56	1.69	1.55	1.37	1.48
	n=1	n=4	n=9	n=10	n=6	n=2	n=31
DQ		1.35	1.16	1.24	1.39	.96	1.22
	n=1	n=3	n=9	n=10	n=6	n=2	n=30

[a] Any cell with an n of 1 was not computed.

MATERIALS AVAILABLE. None.

PROJECT TITLE. Project Maine Stream
Child Development and Family Resource Center

PROJECT LOCATION. Project Maine Stream
Cumberland, Maine 04021
(207) 829-5541; Frances H. Hale, Project Director

CHILDREN SERVED. Project Maine Stream provides direct educational services to children, three to eight years old, representing nearly every category of handicap in the field of special education. In 1974-75, sixty-seven children received direct services through five locations: the project center, an isolated center on Chebeague Island, the home based program, Head Start tutorials, and nursery school counseling.

EDUCATIONAL PROGRAM. As indicated by the project's title, the philosophical base for the Cumberland program is devoted to getting the handicapped children into public education programs that can serve both handicapped and non-handicapped. To accomplish this, a semi-integrated program is utilized which enrolls children with varying degrees of handicapping conditions.

A home teaching program was provided in 1973-75, with instruction in the home provided twice weekly for forty-five minutes.

A developmental class for eighteen, three to four year olds was provided four days each week, two hours each day.

A kindergarten class served nineteen children five to eight years of age for three hours per day, four days per week.

A preschool program was provided for thirteen children, three to four years of age, on Chebeague Island off the Maine coast. The program consisted of two, one-hour classes, two days a week.

All programs operated on a prescriptive teaching/therapy model with prescriptions developed for each child. Prescriptions are used for teaching the children in both school and home settings.

EVIDENCE OF EFFECTIVENESS. Since the ultimate goal of the program is to facilitate the overall level of developmental progress to allow project children to enroll successfully and "stick" in regular public school programs, the child progress report was designed to focus on that placement and retention measure.

A total of forty-one program children were old enough to be enrolled in regular public school classrooms in the fall of 1974. Of those children, twenty-six obtained adequate levels of developmental progress during the 1973-74 academic year to warrant that placement.

The other fifteen children were to remain in the program or to be enrolled in other than non-handicapped classroom situations. Those placements are indicated below.

Table 1

Placement of Fifteen Project Children Who Did Not Go into a Regular Public School Classroom

Type of Placement	Number of Children Placed
Children in special classes in public schools	10
Child in private nursery school	1
Children returning to Project Maine Stream Developmental Class	2
Children returning to Project Maine Stream Kindergarten Class	2

Consistent with the program's major objectives, and perhaps most impressive of the data reported by the project, was the fact that over the first and second years of service delivery the project had placed a large number of these children in a variety of other public and/or regular classroom situations with 100 **percent success. That is, every child placed had** either previously developed sufficient skills for functioning in that placement or the Project Maine Stream staff was able to supplement other public programs with services to those children to allow for their continued success.

MATERIALS AVAILABLE. T.A.P.

PROJECT TITLE. An Early Intervention Program for Children with Developmental Handicaps

PROJECT LOCATION. Department of Child Psychiatry
University Hospital, 82 East Concord Street
Boston, Massachusetts 02118
(617) 262-4200; Marguerite Smith, Project Director

CHILDREN SERVED. During the 1974-75 FY, thirty-three children and their parents received direct services. These children, who ranged in age from zero to one year, represented a number of categorical handicapping conditions. All of the children were from families residing in the intercity area.

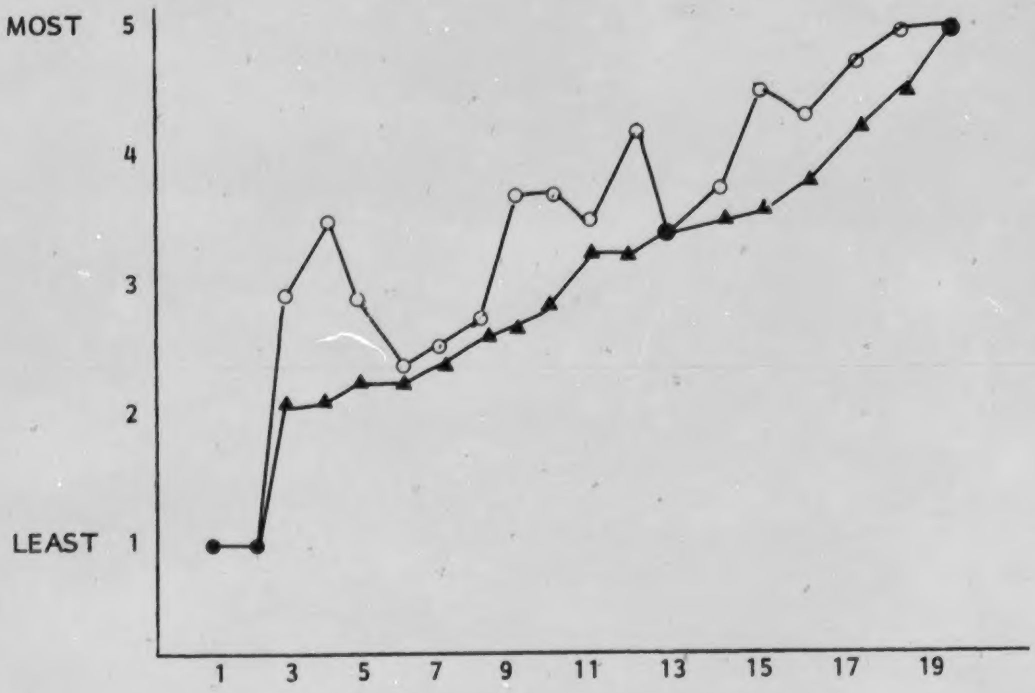
EDUCATIONAL PROGRAM. The program is designed to provide two principal kinds of services. First, direct counseling and guidance are provided parents to help them relate to their child and to work with his handicapping condition; the services are intended to have direct impact on the parents' patterns of interaction with the child and, consequently, upon the child's developmental progress. Second, activities and programs for directly facilitating the child's development are provided. The effectiveness of both kinds of services depend on a continuous relationship between the project personnel and the parents, on home visits, and on regular interaction with professionals from other disciplines who are either at the hospital or the university.

EVIDENCE OF EFFECTIVENESS. A parent attitudinal instrument (the Parent Attitude Change Scale), which was developed by project personnel, was administered twice to parents: shortly after the child was accepted into the program and at the end of the funding period (June 30, 1974). It included eight items regarding parental behavior. Parents were rated on each item on a scale of one to five (low to high). The ratings reflected the project personnel's perception of parents' cooperativeness in keeping scheduled appointments both at the project and during home visits, their willingness to follow suggested procedures to use with their child, their general awareness of the child's needs, and their attitudinal responses toward the child.

A total of nineteen mothers were involved in the program for at least six months. The pre and post-test results of the Parent Attitude Change Scale are presented in Figure 1. The Figure reveals that all but three mothers were perceived to have improved in their competency as parents and/or in their attitudes toward their children during the period of involvement in the program. Mothers 1 and 2 were rated least competent in both pre-test and post-test ratings. Mother 19, however, was rated at a level of maximum competency at the time of pre-testing and, thus, "ceilinged out" on the evaluation instrument. The sixteen remaining mothers improved in their ratings to various degrees. Inspection of the distances between "rating at entrance to the program" and "rating as of June 30, 1974" will show the relative improvement.

Figure 1

Attitude Change in Mothers Based on Pre and Post-Scores on the Parent Attitude Change Scale



Mothers participating in program six months or longer

▲ Ratings at entrance to program

○ Ratings as of June 30, 1974

N = 19 mothers

PROJECT TITLE. Infant Program for the Visually Impaired

PROJECT LOCATION. Ingham Intermediate School District
2630 W. Howell Road
Mason, Michigan 48854
(517) 676-1050; Sherry Raynor, Project Director

CHILDREN SERVED. Operating through an intermediate school district, the project provides direct educational services to children with varying degrees of visual impairment through six years of age. Several of the children could be classified as multiply handicapped. All the children have visual impairments, which necessitate training for future adaptation to home, school, and other environmental settings.

EDUCATIONAL PROGRAM. Because of wide variation in the nature and degree of the handicaps, the project provides a variety of individual and small group instructional settings for the children. Four major delivery components are provided:

1. Thirteen children are included in a half-day nursery program, four times weekly, which is combined with weekly home visits for parent teaching;
2. Four children are provided for through weekly home teaching sessions. These children range in age from birth to two and one-half years; they are too young to be included in the center based program;
3. Project personnel provide weekly consultative services to regular classroom teachers serving school aged visually impaired children;
4. In addition to the twenty children receiving direct services, teachers of four children, who have been integrated into regular nursery school sessions, receive weekly consultant services.

EVIDENCE OF EFFECTIVENESS. Children's progress records, reported by the project, indicate that evaluation of program effectiveness primarily centered on the degree to which project children achieved their objectives. This procedure was deemed necessary because of variations in the nature and degree of handicap and chronological age.

The following table indicates the degree to which children attained established objectives in seven developmental areas. With only five exceptions, all individuals or groups achieved at or above 80 percent of the established objectives. Even in those five exceptions, achievement was between 60 percent and 75 percent.

Table 1

Percentage of Attainment of Objectives in Seven Developmental Areas

Developmental Areas	Infants (n=3)	Blind Children (n=4)	Visually Impaired Children (n=4)	Individual 1 (n=1)	Individual 2 (n=1)
Socialization	88%	87%	92%	90%	75%
Language	83%	93%	80%	87%	100%
Self-Help	80%	100%	100%	85%	65%
Motor Development	83%	91%	83%	85%	100%
Prescriptive Motor Program	87%	80%	91%	66%	91%
Sensory Exploration	60%	87%	95%	100%	75%
Mobility	100%	--	--	100%	100%

MATERIALS AVAILABLE. *Get a Wiggle On*, a guide for parents of blind infants. *Language Assessment Tool for Blind Infants*, field test form.

PROJECT TITLE. Project Prevent

PROJECT LOCATION. Dartmouth Medical School
Dartmouth College
Hanover, New Hampshire 03755
(603) 643-4000; Bert Nadeau, Project Director

CHILDREN SERVED. During project year 1973-74, a total of fifty-one "at risk" children in K-1 were provided direct educational services by Project Prevent. An additional thirteen preschool children received project services, including comprehensive evaluation, development of a prescriptive program, and follow-up with area preschool personnel to assist them in implementing the program. (A child was considered "at risk" and appropriate for project services if, on the basis of administration of screening measures and the collection of observational data, the child was identified as a potential candidate for development of a handicapping condition which could impair present or future functioning.)

During the project year 1974-75 (HCEEP funded Year III), a total of 105 children between the ages of three and eight received project services. The project also started a preschool component which served a small number of handicapped children from Head Start, day care, and private nursery schools.

At the beginning, the project included a program of screening for kindergarten children. In the second year, this program was abandoned in favor of increasing direct service aspects because of (1) resistance to the screening and (2) the need to maximize intervention in order to increase the likelihood that the local school systems would provide continuation support.

EDUCATIONAL PROGRAM. Of the fifty-one children now receiving direct services, nineteen attended the project's Diagnostic Classroom for intensive observation, assessment, diagnostic teaching and remedial and/or in-class management programs. Children usually attend the Diagnostic Classroom for three hours per day, four days per week for eight weeks. The other thirty-two children received individual tutoring from project personnel two to four times weekly for three to six months. The instruction and management programs involved establishing and monitoring individual objectives.

In the third year, as part of a strategy to make services more visible and more likely to be continued by the public schools, the center based diagnostic classroom was replaced by two school based resource classrooms. This approach allowed continuation of diagnostic services but added a short term, intensive remedial and behavior management program.

EVIDENCE OF EFFECTIVENESS. Previously established informal procedures provided a subjective means of assessing the progress of project children. First, the Diagnostic Classroom staff made follow-up visits to each of the nineteen children who attended the Project Prevent classroom. The staff discussed the child's progress and observed him in his regular classroom. Second, a review team comprised of project and school personnel continued to monitor child progress through ongoing consultation with the children's regular classroom teachers and observational techniques. Informal feedback from the children's classroom teachers indicated that adequate progress was being made.

During the 1973-74 academic year, more demonstrative evaluation procedures were initiated. Behavioral objectives began to be written for the majority of the children.

Table 1

Children with Written Behavioral Objectives
Academic Year 1973-74

Town	Number of Children Served	Number of Children with Objectives	Percent of Children with Objectives
Lebanon	48	39	81.2%
Hanover-Norwich	26	15	57.6%
Totals	74	54	72.9%

In Lebanon, project tutors worked with twenty-seven of the thirty-nine children for whom objectives were established. Of the 334 objectives written, 81.4 percent were attained.

Table 2

Summary of Objectives Attainment of Children Served by Project Tutors
Academic Year 1973-74

Number of Children Worked With	Number of Objectives Written	Number of Objectives Attained	Percent of Objectives Attained
27	334	272	81.4%

The utilization of behavioral objectives in an instructional setting was a learning experience for many of the project and school personnel. Both groups reported it to be a useful tool. The following table indicates the success that one project tutor had with behavioral objectives.

Table 3

Summary of Objectives Attained by Children Served by One Tutor
Academic Year 1973-74

Child	Number of Objectives	Number of Objectives Attained	Percent of Objectives Attained
1	10	10	100%
2	18	17	94%
3	12	10	83%
4	13	12	92%
5	18	14	77%
6	26	18	69%
7	18	17	94%
8	19	16	84%
9	15	13	86%
10	13	9	69%
11	13	7	54%
12	18	17	94%
13	16	16	100%
14	17	17	100%
15	11	10	91%
16	16	12	75%
17	15	14	93%
Mean	15.76	13.47	85.4%

Assessment of children's progress during the project's third year was accomplished in a variety of ways. A system of pre and post-testing was utilized with children attending the Resource Classrooms in Hanover and Lebanon. In general, the results indicated that children made substantial progress in specific skill areas within relatively short periods of time.

Behavioral objectives were utilized to assess the programs of children in the tutorial and teacher consultant programs. Substantial progress is reflected in the data, in that more than 80 percent of the objectives set in all the schools and programs were attained.

MATERIALS AVAILABLE. The project has not produced materials of its own, but does have available more detailed descriptions of project components, including a somewhat different resource classroom concept.

PROJECT TITLE. Integrated Preschool Model Center

PROJECT LOCATION. Early Childhood Demonstration Center
Glassboro State College
Glassboro, New Jersey 08028
(609) 445-6285; Marion R. Hodes, Project Director

CHILDREN SERVED. Housed at Glassboro State College, the Integrated Project is designed to serve both handicapped and non-handicapped children in an integrated program with specialized resource help. The project consists of two components:

1. The Infant and Toddler Unit serves children through two years of age and consists of activities and special exercises appropriate to the developmental level of the individual child.
2. The Preschool Unit serves the older children, from two to six years of age.

Within both Units, handicapped children receive differential diagnosis, individual prescriptions, and continuous evaluation of progress. All educational prescriptions are delivered on an individual, small group or large group basis as appropriate to the skill level of each child. Specialized direct services range from ten minutes per day in the Infant and Toddler Unit to one-half hour per day in the Preschool Unit. All children in the program are enrolled five mornings per week.

EVIDENCE OF EFFECTIVENESS. Since a varied population of children with special needs was served in the program, project personnel felt it inappropriate to establish and report group goals and objectives. Consequently, in addition to continuous observational and anecdotal records of desired growth, a pre and post-test evaluation was included.

The pre and post-test instrument used was the Summary of Screening Assessment of Educational Need of the Birth through Three Scale. This instrument measured five different curricular (developmental) areas: oral language comprehension, oral language expression, auditory memory, visual-motor memory, and visual-motor perception. Change data are reported in Table 1 by categories, arranged according to each of the test's sub-test areas and three groups of children, (handicapped, non-handicapped, and Title I).

Table 1

Frequency of Children Falling Into Adjusted Gain Score Categories in Months*

Total Adjusted Gain Scores in Months	-12	-9 to -12	-6 to -9	-3 to -6	-1 to -3	0 to -1	0	0 to 1	1 to 3	3 to 6	6 to 9	9 to 12	12+
	Frequency of Children's Scores												
Oral Language: Comprehension													
Handicapped	1	0	3	1	2	0	0	1	0	6	4	3	7
Non-handicapped	3	1	5	4	4	1	0	1	2	4	4	0	5
Title I	0	0	5	1	3	0	0	0	0	4	2	2	8
Oral Language: Expression													
Handicapped	0	0	1	1	1	1	0	1	2	3	4	5	9
Non-Handicapped	2	1	3	0	2	0	0	2	5	3	4	0	12
Title I	0	0	3	0	1	0	0	0	0	2	3	4	12
Auditory Memory													
Handicapped	5	0	0	2	1	0	0	1	1	2	2	3	10
Non-Handicapped	2	1	0	0	3	0	0	2	4	1	3	4	15
Title I	3	0	0	0	1	0	0	2	0	2	0	4	14
Visual-Motor Memory													
Handicapped	2	0	1	3	0	2	0	2	2	1	3	1	11
Non-Handicapped	3	0	1	2	6	0	0	2	0	3	3	2	13
Title I	0	0	0	2	0	1	0	1	0	2	3	1	16
Visual-Motor Perception													
Handicapped	1	0	1	4	3	2	1	2	0	4	4	2	4
Non-Handicapped	3	0	1	0	5	1	0	3	0	7	4	1	10
Title I	1	0	1	1	1	2	1	3	0	4	3	2	6

*Adjusted gain scores are the differences between actual post-test scores and anticipated post-test scores (which were based on the ratio of pre-test scores to chronological age).

In all curricular (developmental) areas, from three to four times as many handicapped children made greater gains while in the program than had been anticipated.

MATERIALS AVAILABLE. None.

PROJECT TITLE. Mobile Early Education Project

PROJECT LOCATION. Mount Carmel Guild
17 Mulberry Street
Newark, New Jersey 07102
(201) 624-2405; Paquita Roberts, Project Director

CHILDREN SERVED. During project year 1973-74, the Mobile Education Project, operating out of the Mount Carmel Guild, provided direct educational services to 112 children up to six years of age with a variety of handicapping conditions and delayed development.

EDUCATIONAL PROGRAM. The children served by this project come from immobile, poor urban homes. To overcome the immobility, the project uses a mobile classroom unit to take the instructional program to the children.

The project is staffed largely with indigenous (local) personnel working with a core of trained professionals available through the Guild. The educational instruction involves procedures of differential diagnosis and diagnostic teaching. The basic educational program revolves around developmental sequences appropriate to the natural growth patterns of children.

EVIDENCE OF EFFECTIVENESS. The Mobile Early Education Project reported evidence of children's progress based on the staff's assessment of the perceived functional abilities of children. Those ratings, on a number of skills, were made in 1973, then again in 1974. Curricular areas in which judgments were made of functional abilities were: language, social-personal, gross motor, and fine motor. The staff rated the children's abilities to function on skills in relation to their chronological ages. The rating scale ranged from a low of '4' for functioning "extremely below age level" to a high of '1' for functioning "at or above age level." An analysis of overall changes in the age appropriate abilities of the children, as perceived by project personnel, is presented in Table 1.

Table 1

Levels and Percentages of Children Showing Gains in Staff Ratings*

Level-September 1973	Level-June 1974	Percent of Children Showing Changes
2	1	13%
3	1	5%
3	2	18%
4	1	6%
4	2	9%
4	3	7%
At Level 1-September		21%

In the various components of language learning, most of the children developed skills sufficient to be rated one or two scale points above their pre-test ratings. In the social-personal, gross motor, and fine motor areas, 70 percent, 80 percent, and 55 percent, respectively, were rated at or above age level.

Table 2

Percentages of Children in Program Showing Changes or No Changes in Staff Ratings, Listed by Specific Behavior

Rated Behavior*	No Change	At Age Level–September	Changes in Ratings September to June					
			2 to 1	3 to 1	3 to 2	4 to 1	4 to 2	4 to 3
LANGUAGE (Specific behaviors identified)								
Knows colors**	5	-	30	-	35	-	20	-
Labels body parts	5	-	35	10	30	-	15	5
Has number concepts	10	-	40	15	-	-	15	20
Knows function of common objects	5	35	-	20	10	20	-	10
Can make comparisons based on size	5	-	50	30	10	-	-	5
Understands prepositions	10	-	30	40	-	10	5	5
Follows commands (Including "No!")	-	10	45	35	-	5	-	5
Answers single questions - who, what, where, etc.	5	30	-	60	-	-	-	5
Number of words in vocabulary	5	-	-	20	20	50	-	5
Responds to gestures	-	40	35	20	-	-	-	5
Responds to auditory stimuli	15	30	5	-	20	-	15	15
Has intelligible speech	5	40	25	20	5	-	-	5
Responds to visual stimuli	-	5	10	25	20	5	25	10
Uses short phrases and sentences	20	-	30	5	20	-	-	25
Has categorical concepts: animals, food, etc.	15	-	10	5	30	-	20	20
Communicates expressively (including babbling)	25	-	10	15	25	-	10	15
SOCIAL PERSONAL	-	70	25	5	-	-	-	-
GROSS MOTOR	-	80	10	-	5	-	-	5
FINE MOTOR	-	55	20	10	10	-	-	5

*Ratings for perceived level of functioning had the directions and point values as follows:

> To what extent is the child's functioning appropriate to his age in the following areas? (Circle one)
>
> 1 - at or above age level 2 - slightly below age level 3 - moderately below age level 4 - extremely below age level

**Percentages for this skill, as reported by the project, do not total across to 100%.

MATERIALS AVAILABLE. None.

PROJECT TITLE. Responsive Environment Program for Spanish American Children (REPSAC)

PROJECT LOCATION. Clovis Municipal Schools
420 East Grand Avenue
Clovis, New Mexico 88101
(505) 762-5250; Gay Herman, Project Director

CHILDREN SERVED. The project serves "high risk" three to five year old Spanish American children. The following criteria are used for acceptance into the program (criteria are listed in order of importance):

1. low birth weight (below five and one-half pounds, the standard set by the World Health Organization)
2. health history
3. educational level of parents
4. educational level of sibling(s)
5. home language (Spanish or English)
6. family income

With these criteria established, participants are diagnosed as "high risk, vulnerable, or handicapped" by the project staff.

EDUCATIONAL PROGRAM. The children are provided with intervention activities designed to reduce the likelihood of special education placement upon entrance into the formal school setting. The children attend the preschool program daily for three and one-half hours. The program uses components of four earlier models of early childhood education: (1) the New Nursery School, developed by John Meier, Glen Nimnicht, and Oralie McAfee in Greeley, Colorado, (2) the Responsive Environment concept, (3) Project LIFE, i.e., Life Instruction to Facilitate Education, and (4) the Piaget Early Childhood Curriculum, in English and Spanish. Within each of these components, bilingual activities comprise an important part of the daily schedule.

The project goal is to produce significant growth in the areas of: language ability in English and Spanish, speech development, sensory and perceptual ability, psychomotor development, learning aptitude and school readiness in "high risk" and/or handicapped children.

The project site was also used for in-service training of Head Start personnel, special education personnel, kindergarten and early education teachers from across the state.

EVIDENCE OF EFFECTIVENESS. The evaluation design for 1974-75, which pertained only to the instructional component, was based upon the component objectives and employed a pre and post-test design. In addition, a follow-up study was conducted of former REPSAC students who were, in 1974-75, in grades 1, 2, and 3. The major findings of evaluation as pertains to the instructional component were:

1. REPSAC students made significant gains in: language ability in English; language ability in Spanish; sensory and perceptual discrimination; and school readiness. Significant gain was not evident in learning aptitude (IQ).

Table 1

Pre and Post-Test Performance of REPSAC Students

Test	N	Means	Mean Gain	s	t
FROSTIG (Sensory and Perceptual Discrimination)	32	PRE 16.42	21.73	6.15	6.12*
		POST 38.15		10.23	
HISKEY (Learning Aptitude)	32	PRE 91.14	4.22	7.89	1.77
		POST 95.36		6.32	
CARROW (Spanish)	32	PRE 20.18	31.12	13.84	5.13*
		POST 51.30		6.28	
PEABODY (English)	32	PRE 21.10	46.40	16.81	7.14*
		POST 67.60		13.60	
WALKER (School Readiness)	32	PRE 22.17	16.13	10.13	3.11*
		POST 38.30		7.21	

*p < .001.

2. The three, four, and five year old REPSAC students made significant gains in language ability in English; language ability in Spanish; sensory and perceptual discrimination; and school readiness. Significant gain was not evident in learning aptitude (IQ).

Table 2

Age and Test Performance of REPSAC Students

Test	Age	N	Mean Gain	t
FROSTIG	3	5	22.16	5.14*
(Sensory and Perceptual Discrimination)	4	15	18.66	4.10*
	5	12	16.21	3.92**
HISKEY	3	5	4.86	1.33
(Learning Aptitude)	4	15	3.21	1.21
	5	12	2.01	.73
CARROW	3	5	31.18	4.17*
(Spanish)	4	15	36.21	5.01*
	5	12	28.33	3.77*
PEABODY	3	5	47.13	6.23*
(English)	4	15	52.18	7.01*
	5	12	37.21	5.16*
WALKER	3	5	11.41	2.97**
(School Readiness)	4	15	21.15	4.87*
	5	12	10.83	2.87**

*p < .001

**p < .01

3. First, second, and third year REPSAC students made significant gains in: language ability in English; language ability in Spanish; sensory and perceptual discrimination; and school readiness. Significant gain was not evident in learning aptitude (IQ).

Table 3

Year in Program and Test Performance of REPSAC Students

Test	YP	N	Mean Gain	t
FROSTIG	1	16	22.13	4.36*
(Sensory and Perceptual Discrimination)	2	10	20.18	4.92*
	3	6	17.21	3.91***
HISKEY	1	16	5.21	1.63
(Learning Aptitude)	2	10	4.16	1.26
	3	6	2.83	1.01
CARROW	1	16	36.12	5.14*
(Spanish)	2	10	29.14	4.51*
	3	6	24.23	3.98***
PEABODY	1	16	58.40	9.41*
(English)	2	10	44.16	6.13*
	3	6	38.12	6.01*
WALKER	1	16	22.21	3.16*
(School Readiness)	2	10	16.70	2.96**
	3	6	9.31	2.77***

*p < .001
**p < .01
***p < .05

4. In the follow-up study, test performance of former REPSAC students now in grades 2 and 3 indicated that:

   a. Learning aptitude scores (IQ) remained relatively stable from the initial testing in the Fall of 1971 to the testing in the Spring of 1975. The largest increase in scores accrued following the first year of intervention.

   b. Language development scores in English increased substantially after the first year of intervention and at the end of the second year of intervention. From the REPSAC exit point in the Spring of 1973, scores have tended to remain stable.

   c. Language development scores in Spanish showed the largest increase at the end of the second year of intervention. A rather substantial decrease was noted from the REPSAC exit point in the Spring of 1973 to the Spring of 1975.

   d. The time-series analysis of the data indicated that the children's development was substantially different than the expected growth pattern: there was a downward trend in the areas of language development in Spanish, a slightly upward trend in the area of language development in English, and a rather stable trend for learning aptitude (IQ).

   e. It was found that twenty-five (93 percent) former REPSAC students were in regular classrooms, and two (7 percent) were in special education classes. Only one of the seventeen students now in the second or third grade has been retained, and only three of the twenty-seven students in the first three grades have required any type of special assistance.

MATERIALS AVAILABLE. A 28½ minute, 16mm color film of the project has just been completed and copies are available for loan.

A book of suggested lesson plans in both English and Spanish is available.

PROJECT TITLE. Las Palomitas Early Childhood Education for the Handicapped

PROJECT LOCATION. New Mexico State University
Department of Elementary & Secondary Education
Box 3AC NMSU, Las Cruces, New Mexico 88003
(505) 646-2509; Dr. Joy Brown, Project Director

CHILDREN SERVED. Las Palomitas, housed on the campus of New Mexico State University, provides direct instructional services to handicapped and non-handicapped children. In 1975, the project reported that the center based component was serving twenty children, ages three to six (five non-handicapped and fifteen varied handicaps, including four non-ambulatory).

The home based program reported forty-five children served, ages birth to six, with varied handicaps.

EDUCATIONAL PROGRAM. The delivery of educational services at Las Cruces is based on assumptions that: (1) highly individualized instruction will decrease the number of learning problems, and (2) early intervention will be more effective than later intervention.

Each of the children, according to his/her behavior and test performance, is provided with an individualized curriculum tailored to his/her perceived needs and level of functioning. Long range objectives are established for each child in the four broad curricular areas of fine motor, gross motor, language, and socialization.

For each long range objective, intermediate objectives are written to help achieve the long range objectives. The program is intended to promote successful integration of children with diverse handicaps with each other and with non-handicapped children through the provision of skills requisite for functioning in public classroom settings.

EVIDENCE OF EFFECTIVENESS. Due to the myriad of handicapping conditions of the children served in the Las Palomitas programs and the project personnel's concern over the utility of standardized testing to the instructional process, evaluative procedures of program effectiveness were task specific observations of each child's ability to achieve the objectives established for him or her. The table which follows shows the comparative number of long range and intermediate objectives achieved by the five non-handicapped and the fifteen handicapped children.

Table 1

Individual Attainment of Long Range and Intermediate Objectives
Academic Year 1973-74

Child	Long Range Objectives Completed[1]				No. Intermediate Objectives Completed[2]			
	Fine Motor	Gross Motor	Language	Socialization	Fine Motor	Gross Motor	Language	Socialization
Non-Handicapped								
1	X	X	X	X	4	1	2	3
2	X		X		1	1	4	5
3			X	X	1	1	1	2
4	X	X	X		1	1	1	3
5			X		1	1	1	3
Handicapped								
1			X		1	1	4	4
2	X	X	X	X	3	1	4	2
3				X	1	1	1	1
4	X		X		4	1	2	2
5	X			X	3	1	3	2
6					5	4	3	2
7	X	X	X	X	1	1	1	4
8		X	X	X	1	1	1	2
9					3	1	3	2
10					1	1	1	1
11	X	X			1	1	1	2
12		X	X	X	1	1	1	3
13	X	X	X	X	1	1	1	3
14					1	1	1	1
15	X	X	X	X	1	1	1	4

[1] Curricular areas in which individual long range objectives were attained

[2] The number of individual intermediate objectives attained in curricular areas

MATERIALS AVAILABLE. Curriculum Guide for all Exceptionalities
Sensory-Motor Curriculum Guide
"No Longer Strangers"--an 18½ minute, color film dealing with parent-training-parent.

PROJECT TITLE. A Total Milieu Approach to Handicapped Infant Education

PROJECT LOCATION. Suffolk Rehabilitation Center
159 Indian Head Road
Commack, New York 11725
(516) 543-2200; Claire Salant, Project Director

CHILDREN SERVED. During 1973-74, thirty-nine children between birth and two and one-half years received direct services. In 1975, the project reported that forty-four children, between the ages of zero and three were served. The children have a wide range of handicapping conditions.

EDUCATIONAL PROGRAM. The infant's natural learning environment is the home. This project goes into the home to serve and, in doing so, recognizes its responsibility to respect that which is culturally significant to the infant and family.

Project workers go into the home as the basic thrust of the program. There is also a center for physical (neurodevelopmental) therapy, occupational therapy, communication development, oral normalization, audiology, and medical and mental health services.

The curriculum is individually designed according to the initial and continuing assessments of each child's physical, language, social, emotional and intellectual development, and according to the environment in which the baby lives.

The educational model is based on Piaget's developmental progression in learning. The physical development aspects of the project stress the proper handling of handicapped babies, facilitative functioning, and exercise. The social-emotional aspects of the project stress developing the sense of security and self worth in the child and the family.

The staff, working directly with the babies and their families, consists of: teachers, rehabilitation therapists, speech pathologists, psychologists, social workers, and an in-service training leader.

Services include: weekly infant teacher home visits of at least one and one-half to two hours duration; medical and psychological exams twice yearly; as well as assessments and therapy in any area as needed. Each family is encouraged to participate in group, couple, or individual counseling sessions at home or in the center.

EVIDENCE OF EFFECTIVENESS. The project staff developed modified testing procedures involving positioning, facilitation of the children, use of project staff and parents, and/or development of alternate test equipment in order to evaluate each child's progress better and to understand each child's functioning.

These measures were adopted because most of the children are handicapped to such a degree that they are unable to comply with the physical demands of standard measures of infant development.

The project staff believes that such adaptations do not adversely affect the conceptual integrity of the measures. There were also other instruments, including a Parent Attitude Scale, which were used.

Sample groups were divided according to level of physical disability. Group I ranged from mild to moderate to severely physically involved. Group II consisted of five children who were extremely severely physically involved. The results are presented in Tables 1 and 2.

Table 1

Changes in Developmental Age Equivalents at Six Month Test Interval on The Bayley Scale (1973-1974)

Number of Children	Ages for Pre and Post-Tests in Months	Mental Developmental Age Increase in Months	Motor Developmental Age Increase in Months
Group I			
3	12.0-17.5	2.83	2.17
5	18.0-23.5	3.38	1.50
4	24.0-29.5	3.43	5.00
Group II			
1	12.0-17.5	0.00	0.00
2	18.0-23.5	0.25	0.00
2	24.0-29.5	0.00	0.00

Table 2

Changes in Development Age Scores at Six Month Test Intervals on the Denver Developmental Screening Test (1973-74)

Number of Children	Ages for Pre and Post-Tests in Months	Personal Social	Fine Motor	Language	Gross Motor
Group I					
1	12.0-17.5	3.4	1.0	1.7	1.1
5	18.0-23.5	2.5	0.8	3.8	0.4
8	24.0-29.5	2.5	4.1	6.0	2.1
3	30.0-36.0	4.4	0.0	1.8	3.8
Group II					
2	18.0-23.5	0.00	0.00	0.00	0.00
4	24.0-29.5	0.00	0.32	0.43	0.10

MATERIALS AVAILABLE. "An Approach to the Treatment of Cerebral Palsy"

PROJECT TITLE. Regional Parent Training Project

PROJECT LOCATION. Western Carolina Center
Morganton, North Carolina 28655
(704) 433-9516; Clarita A. King, Project Director

CHILDREN SERVED. During project year 1973-74, this parent training project provided direct services to 100 young handicapped children and their parents in the sparsely populated mountainous region of western North Carolina. In 1975, the project reported serving seventy-four children from two months to age ten.

EDUCATIONAL PROGRAM. Services to project children are provided primarily through training small groups of parents. Composition of those groups is based upon common developmental needs of the children. In weekly group meetings parents are taught teaching techniques to be used in instruction and management of their children's development.

Parent trainers visit the home to provide parents with individual consultations in the training programs to be administered to their children. As parents perfect their own skills, they also provide services to other parents of handicapped children.

EVIDENCE OF EFFECTIVENESS. The primary instrument administered by the Parent Training Project for the measurement of child progress was the Adaptive Behavior Scale. This instrument employs the interview format with the primary caretaker as informant. The statistical analysis of the data obtained from the pre and post-test administrations of the Adaptive Behavior Scale was performed with a t-test for matched samples. These data are presented in Table 1. With few exceptions, the pre-test and post-test administrations of these scales were separated by a six month interval.

In the twenty-three categories measured by the Adaptive Behavior Scale, all mean differences between the pre and post-test administrations were significant at the .05 level of significance or above with the exception of the categories "Untrustworthy Behavior" and "Use of Medication." The mean difference between the pre and post-test administrations of fifteen of the categories were significant at the .01 level or above.

Table 1

Pre and Post Adaptive Behavior Scores and Levels of Significance by Domain

Domain	N	Pre-Test Mean	S.D.	Post-Test Mean	S.D.	t	p
Antisocial Behavior	58	6.09	7.70	3.02	4.06	3.36	< .01
Rebellious Behavior	58	7.07	8.20	3.69	4.59	3.47	< .001
Untrustworthy Behavior	58	.71	1.52	.60	1.51	.49	NS
Withdrawal	58	.66	1.78	.16	.36	2.28	< .05
Stereotyped Behavior	58	1.05	1.91	.43	.91	3.24	< .01
Inappropriate Manners	58	.76	1.67	.34	.80	1.98	< .1
Inappropriate Vocal Habits	58	.98	1.88	.45	.91	2.14	< .05
Unacceptable Habits	58	3.07	4.01	1.84	2.33	2.33	< .05
Self-Abusive Behavior	58	.48	1.00	.19	.63	2.04	< .05
Hyperactive Tendencies	58	2.43	3.05	1.45	2.23	3.19	< .01
Sexually Aberrant Behaviors	58	.24	.62	.03	.26	2.27	< .05
Psychological Disturbance	58	6.60	6.36	3.76	4.98	3.59	< .001
Use of Medications	58	.5	.84	.38	.72	1.36	NS

MATERIALS AVAILABLE. "Group Activity Plans for Training Parents of Handicapped Children" ($2.50)

PROJECT TITLE. Bismarck School District #1 Early Education Program for Handicapped Children

PROJECT LOCATION. Bismarck Early Childhood Education Program
400 Avenue E East
Bismarck, North Dakota 58501
(701) 255-3866; Roger Schultz, Project Director

CHILDREN SERVED. During the project year 1973-74, 135 handicapped children from birth to seven years received direct services. In 1975, the project reported serving 140 children. The children were identified as: trainable mentally retarded, learning disabled, emotionally disturbed, speech and hearing impaired, crippled, health impaired or multiple handicapped.

EDUCATIONAL PROGRAM. Each child is given a developmental and social-emotional evaluation covering the following areas: motor integration and physical development, tactile discrimination, auditory discrimination, visual-motor coordination, visual discrimination, language development and verbal fluency, and conceptual development.

Children selected for participation in the project are given a physical examination and, if a need is indicated, further neurological, audiological, and visual examinations.

The program is divided into two sections: children aged birth to three years and those from three to seven. The first section receives help through consultations held in the home. Such consultations are tailored to each child's developmental needs. Individualized treatments consist of speech therapy, early stimulation and motor skills training.

"High risk" children in the second section receive help in a classroom setting; their individualized treatments stress the three areas listed above in addition to school socialization. "Low risk" children in the second section receive a home based program and school involvement when appropriate.

Both sections utilize the following materials when appropriate: Distar and Peabody Language Programs in language development activities; the Distar, Peabody, Karnes, Berry and Fitzgerald programs in speech therapy activities; the Kephart and Getman programs in physical activities; and the Frostig, Getman, Beery, Luken, and Developmental Learning Materials programs in physical development activities.

Families with children in the first section are seen by an Early Childhood Specialist on the average of once a week.

Children in the second follow these schedules: three year olds attend half-days (9:30 to 12:00, five days a week); four through seven year olds attend full days (9:30 to 2:30, five days a week--depending on transportation and the needs of the child).

EVIDENCE OF EFFECTIVENESS. The project staff developed a composite instrument to measure "developmental growth." Portions of several standardized tests were utilized to measure: fine and gross motor skills, cognitive development, receptive and expressive language, speech and personal-social growth.

Table 1

Home Based Program		Center Based Program		Combination Program	
N	Mean Gain	N	Mean Gain	N	Mean Gain
20	136	15	12.3	15	11.7

As indicated in Table 1, the results show an average gain of 13.6 months for all children in the home based program, 12.3 months for all children in the center based program, and 11.7 months for all children in the combination home-center program over nine months.

MATERIALS AVAILABLE. Personal and Social Curriculum, Volumes I, II, and III
Receptive Language Curriculum
Expressive Language Curriculum

PROJECT TITLE. "Pepp" Training of Handicapped Young Children in Early Childhood Education

PROJECT LOCATION. Putnam City Public Schools
5417 N.W. 40th
Oklahoma City, Oklahoma 73122
(405) 789-5151; Marion L. Thornhill, Project Director

CHILDREN SERVED. During academic year 1973-74, thirty-one kindergarten and thirty-one first grade children received direct services.

Criteria for admission to the kindergarten program is:

1. intra-test scatter greater than 14 points on the Vane Kindergarten Test (VKT), or
2. a score of 40 or less on the Purdue Perceptual Motor Survey (PPMS), the Test of Basic Experience (TOBE) Form K-Language, or the Test of Basic Experience Form K-Mathematics.

A child meeting two or more of these criteria is admitted to the program if his teacher recommends placement.

The Wide Range Achievement Test (WRAT) is administered to the first grade students and their scores are used to establish instructional groups in the areas of Reading, Spelling, and Arithmetic.

EDUCATIONAL PROGRAM. Educational specialists certified in learning disabilities and having background courses in Early Childhood Education serve as team members with the regular kindergarten and first grade teachers. In addition, an aide serves on the project staff and assists both the project and regular school teachers.

The project specialists design activities to remediate weaknesses in the following areas: language, arithmetic, psychomotor, reading, and nutrition. The specialists then assist the regular teachers in the implementation of remediation activities. The emphasis is obviously on the prevention of learning problems that could lead to regular class exclusion.

EVIDENCE OF EFFECTIVENESS. The project staff established the following criteria for the kindergarten group: each child scoring less than 45 on the Purdue Perceptual Motor Survey, less than 40 on the Test of Basic Experience-Math, the Test of Basic Experience-Language, or the Thomas Self-Concept Value Scale (TSCVS) pre-tests, will increase his score by five points by May 1st.

The following criteria were set for the first grade group: each child scoring less than 50 on the Purdue Perceptual Motor Survey, 53 on the Test of Basic Experience-Math Test, 51 on the Test of Basic Experience-Language Test, or 40 on the Thomas Self-Concept Scale pre-tests will increase his score by five points by May 1st. The degree to which these goals were met is shown in Table 1. Table 2 presents the pre and post-test data for fifteen students.

Table 1

Percent of Children Meeting Project Objectives

	Language	Math	Self-Concept	Psychomotor
Kindergarten	93.6	90.3	96.7	93.6
First Grade	90.0	96.7	100	100

Table 2

Comparison of Pre and Post Scores for Kindergarten Students for the 1973-74 Academic Year

Test	Pre-Test Mean (N=31)	Pre-Test S.D.	Post-Test Mean (N=31)	Post-Test S.D.	Difference in Mean Scores
VKT	93.77	13.8	105.16	18.6	+11.39
TSCVS	47.16	16.9	40.84	10.6	- 6.32
PPMS	41.97	10.3	54.55	12.9	+12.58
TOBE: Language	42.35	9.3	55.48	11.6	+13.13
TOBE: Mathematics	41.10	8.6	51.74	10.9	+10.64

Table 3 presents the pre and post data for the first grade students.

Table 3

Comparison of Pre and Post Scores for First Grade Students for the 1973-74 Academic Year

Test	Pre-Test Mean (N=19)	Pre-Test S.D.	Post-Test Mean (N=19)	Post-Test S.D.	Difference in Mean Scores
VKT	110.06	15.9	110.10	12.4	- 9.96
TSCVS	48.53	11.8	51.66	7.3	+ 3.13
PPMS	57.93	11.9	62.10	7.8	+ 4.17
TOBE: Language	56.60	8.8	66.50	11.4	+ 9.90
TOBE: Mathematics	53.00	8.9	65.96	9.7	+12.96
WRAT: Reading	22.00	7.8	43.27	8.3	+21.27
WRAT: Arithmetic	14.97	6.9	22.07	7.6	+ 7.10
WRAT: Spelling	15.23	9.1	26.63	9.8	+11.40

MATERIALS AVAILABLE. None.

PROJECT TITLE. South Dakota Preschool Program for Handicapped Children

PROJECT LOCATION. Division of Elementary and Secondary Education
804 N. Euclid
Pierre, South Dakota 57501
(605) 224-3678; Norena A. Harrold, Project Director

CHILDREN SERVED. As a state office, this project has established state guidelines for informal screening, formal screening, evaluation and placement of all exceptional children under the age of twenty-one. In 1974-75, the project reported serving 108 handicapped children between zero and age twelve.

EDUCATIONAL PROGRAM. The project works through state educational agency channels in the ongoing funding and developing of an urban model in Rapid City, rural models in Sturgis and Philip, a reservation model at Rosebud, a contractual agreement district model through the Northwest Area Public Schools, and a small town model in Yankton. These original demonstration sites have now been joined by additional public school sites as the project has continued to expand.

The project involves parents and guardians of preschool handicapped children in the six existing sites via a "Parental Involvement Component."

The project collates and disseminates information to existing sites for the preschool handicapped and compiles information for further replication of programs for the preschool handicapped in the South Dakota public schools.

To facilitate expanded services in the state, the project involves itself in (1) identification of resources, (2) coordination and collaboration with agencies, (3) funding of direct services, and (4) child identification, evaluation, and placement.

EVIDENCE OF EFFECTIVENESS. All preschool handicapped children now go through the same "Procedure for Evaluation and Placement" in public school, private school and out-of-state as do all other exceptional children.

A Background Information Form, which was compiled by combining forms from approximately five different private and state programs for exceptional children, was field tested and revised by the project sites.

A guide based on recommendations from the 1974 Denver (TADS) Workshop for establishing resource committees at each local education agency site was adopted for all statewide dissemination .

A classroom component, a home based component and a combination of the two were developed and field tested and are being included in the State Program Guidelines for future programs for the preschool handicapped in South Dakota.

The program for the preschool handicapped is now in the public school system. Kindergarten-aged and older handicapped children are integrated for at least part of the day where possible.

Five hundred and twenty-four developmental skills were compiled by combining five curriculums from around the United States. Each skill has been coded to one of the curriculums enabling a teacher to refer back to particular strategies found within that curriculum.

Fifty percent of the parents and guardians of preschool handicapped children in six existing sites are now involved in the preschool's "Parental Involvement Component."

MATERIALS AVAILABLE. The Developmental Skills Curriculum, including the following areas:

Language - 67 skills (expressive - 34 skills, receptive - 18 skills, speech mechanics - 15 skills)

Concepts - 230 skills (self - 30 skills, color - 19 skills, sound - 14 skills, movement - 9 skills, form - 36 skills, taction - 17 skills, materials - 6 skills, space - 24 skills, size - 21 skills, time - 19 skills, number - 26 skills, classification - 9 skills)

Self Care - 58 skills (dressing - 18 skills, feeding - 23 skills, bathroom - 8 skills, grooming - 9 skills)

Social - 42 skills (pre-vocational - 18 skills, relationships - 15 skills, play - 9 skills)

Motor - 140 skills (mobility - 27 skills, balance - 20 skills, rhythm - 12 skills, coordination - 29 skills, dexterity - 29 skills, pre-writing - 23 skills)

PROJECT TITLE. Del Rio First Chance

PROJECT LOCATION. Del Rio First Chance
P. O. Box 1229
Del Rio, Texas 78840
(512) 775-9561; D. Levermann, Project Director

CHILDREN SERVED. The Del Rio First Chance Project serves approximately 100 children in home training, self-contained, and resource programs on four campuses and in home settings.

EDUCATIONAL PROGRAM. The home based program involves the parent in the selection of objectives, the instruction, and the recording of progress, using the project's pre and post-testing procedures.

The half-day campus based self-contained program provides individual, small group, and large group activities. The campus based and itinerant resource programs provide individual and small group activities.

The staff includes two special education teachers, a speech and language specialist, an itinerant resource teacher, a hearing impaired specialist, a home training teacher, a home liaison teacher, a counselor, an educational diagnostician, and five bilingual aides. Six high school students in a child development class assist on a half-day basis.

One objective of the project is to provide individualized diagnostic and prescriptive instruction in a multi-faceted program with flexible scheduling procedures. Continuous parental involvement is another important component of the project.

EVIDENCE OF EFFECTIVENESS. The district's preschool population is screened annually by project staff using the locally standardized Del Rio Language Screening Test (English/Spanish).

Developmental scales are used to assess physical, social, self-help, cognitive, and communicative skills. The resulting profile of strengths and weaknesses provides a basis for initial instructional planning. Written instructional objectives are based upon ongoing individual records of pupil progress. This documentation of progress and post-testing in May serve as a basis for evaluation of the effectiveness of the program.

The following table indicates mean gains as shown on the Alpern-Boll:

Table 1

Mean Gains on Alpern-Boll by Treatment Placement

	Project Children (n = 16)	Sam Houston (n = 45)	Saint Joseph (n = 11)	Head Start (n = 14)	Home Training (n = 12)
Physical	15.75	14.3	20.0	8.86	10.16
Self-Help	14.3	16.7	21.6	12.14	9.14
Social	14.1	19.9	14.0	14.14	9.85
Academic	15.6	17.2	16.7	19.1	9.85
Communication	11.3	13.13	15.27	15.35	8.57

MATERIALS AVAILABLE. Del Rio Language Screening Test published by National Educational Laboratories, Inc.; P. O. Box 1003; Austin, Texas 78767. Price, $6.00.

PROJECT TITLE. Project PEECH: A Program for Early Education of Children with Handicaps

PROJECT LOCATION. Region IX Education Service Center
3014 Old Seymour Road
Wichita Falls, Texas 76309
(817) 322-3108; Lois A. Cadman, Project Director

CHILDREN SERVED. During the academic year 1973-74, the PEECH program provided direct services to seventy-six children between the ages of six months and six years. In 1974-75, the project reported serving twenty-eight in the age group zero to two, and seventy-one in the age group three to five.

The children are from rural, sparsely populated areas and display one or more of the following handicapping conditions: language deficit, speech impediment, physical handicap, hearing impairment, mental retardation, emotional disturbance, blindness, or visual impairment.

EDUCATIONAL PROGRAM. The rural clientele of the program receive one and one-half hours per week of an individualized, precision teaching-behavior modification curriculum.

A home teacher performs a dual role of providing prescriptive instruction for students and of assisting the students' parents in learning how to teach their own children. In many cases, paraprofessional educators were trained to teach parents how to work with their children.

EVIDENCE OF EFFECTIVENESS. Fifty of the project's children ranging in pre-test, chronological age from 5.3 months to 69.9 months were used in determining the program's effectiveness. The children's mean pre-test, chronological age was 43.2 months and their mean post-test, chronological age was 50.7 months.

To measure changes in their development, three different instruments were used: the Alpern-Boll Developmental Profile, a standardized intelligence test (either the Cattell Infant Intelligence Scale, the Stanford Binet Intelligence Scale, or the Hiskey-Nebraska Test of Learning Aptitude for deaf children), and the Early Childhood Education Scale.

Table 1 presents the group's mean scores on the Alpern-Boll Subscales, the Alpern-Boll Combined IQ, and the appropriate intelligence test. Table 2 presents the group's mean scores on the Early Childhood Education Scale.

Table 1

Gains in Months for Fifty Project Children on Alpern-Boll Subscales (6), The Alpern-Boll Combined IQ, and an Appropriate Intelligence Test
Academic Year 1973-74

Test Name	Item	Mean
Alpern-Boll Subscales		
Physical Age	Pre	35.4
	Post	44.2
	Difference	8.8*
Self-Help Age	Pre	41.0
	Post	51.0
	Difference	10.0*
Social Age	Pre	37.6
	Post	45.7
	Difference	8.1*
Academic Age	Pre	29.1
	Post	41.8
	Difference	12.7*
Communication Age	Pre	28.7
	Post	39.0
	Difference	10.3*
Mental Age	Pre	31.7
	Post	42.8
	Difference	11.2*
Alpern-Boll Combined IQ	Pre	66.7
	Post	83.9
	Difference	17.2*
IQ Test	Pre	42.2
	Post	50.7
	Difference	8.5*

*$p < .01$

Table 2

Gains in Months for Fifty Project Children on the Early Childhood Education Scale

Early Childhood Education Scale	Item	Mean
Background	Pre	78.66
	Post	89.68
	Difference	11.02**
Preschool	Pre	53.18
	Post	93.18
	Difference	40.00**
Communication	Pre	140.90
	Post	243.30
	Difference	102.40**
Cognitive	Pre	193.76
	Post	336.48
	Difference	142.72**
Motor	Pre	142.72
	Post	194.66
	Difference	51.94**
Self-Help	Pre	42.50
	Post	72.10
	Difference	29.60**
Social Interaction	Pre	153.12
	Post	196.32
	Difference	43.20**

**$p < .01$

MATERIALS AVAILABLE. "System for Training Home Based Teachers"

PROJECT TITLE. Project SKI HI--Statewide Infant Hearing Impaired Program

PROJECT LOCATION. Utah School for the Deaf
846 Twentieth Street
Ogden, Utah 84401
(801) 399-2702; Thomas C. Clark, Project Director

CHILDREN SERVED. During academic year 1973-74, the project provided services to (1) forty-one project children between the ages of six months and five years, and (2) additional children in hospitals and in homes. In 1975, the number served rose to forty-five. The children were deaf and hearing-impaired. They received the following types of project services: hearing tests and retests; hearing aid evaluations, fittings, and adjustments; and home hearing testing programs.

Other project activities for children in hospitals and in homes involved 2,247 screenings of infants in hospitals and sixty-six home hearing tests.

EDUCATIONAL PROGRAM. Parent advisors visit homes weekly to train parents in the management of a hearing aid and mold. The advisors also assist the parents in developing auditory-listening skills and language competencies, in constructing and using individual language notebooks and scrapbooks, and in understanding how normal language is developed.

All children are fitted with binaural amplification and go through a comprehensive auditory program. Those children who demonstrate a lack of auditory capacity are introduced to a total communication program.

EVIDENCE OF EFFECTIVENESS. The real focus of the project's training services was the parents. The successes indicated in the child performance evaluations in the following table illustrate that parents were better able to train their deaf or hearing impaired children.

Table 1

Baseline and Post-Test Measures of Program Success During 9-10 Months of SKI HI Programming[1]

Number	Relevant Item Related to Success	Baseline	Current (June 1974)
1	Percent time hearing aid is being worn during waking hours	0-20 percent of the time	60-80 percent of the time
2	Auditory development stage	2nd or searching for sound[2]	5th or localizing sound at various elevations[2]
3	Vocal-verbal development stage	1st or limited articulation in one-syllable units[2]	5th or jargon with many syllables in a given utterance[2]
4	Parent competence with hearing aid management	1st or minimal[3]	4th or substantial[3]
5	Parent competence with auditory development activities	1st or minimal[3]	4th or substantial[3]
6	Parent competence in facilitating language development	1st or minimal[3]	4th or substantial[3]
7	Attitude of mother	3rd or somewhat good[3]	4th-5th or good to very good[3]
8	Attitude of father	2nd to 3rd or fair to somewhat good[3]	4th or good[3]

[1] N = 24-27, mean age at beginning was thirty-three months

[2] There are nine stages

[3] There are five stages

MATERIALS AVAILABLE. "Programming for Infant Hearing Impaired Children through Home Intervention and Amplification--Birth to Five" (200 page booklet--$5.50)

A series of fifty-five lessons on thirty-two video cassette tapes (3/4 inch color) on "Total Communication." These programs were produced in a professional studio on two inch broadcast tape ($595.00 including video tape . . . less for duplication on your tape).

PROJECT TITLE. School for Contemporary Education

PROJECT LOCATION. 2912 King Street
Alexandria, Virginia 22302
(703) 548-2270; David L. Williams, Project Director

CHILDREN SERVED. The Preschool Project of the School for Contemporary Education was designed to place and maintain children in as normal and natural an environment as is appropriate by (1) assisting community agencies in accepting and providing services for exceptional children, (2) assisting parents in enhancing the skills of their children, and (3) providing interim placements for children actually extruded or excluded from other settings. In 1975, the project reported 22 children in the preschool program, 37 parents in the parent program, and approximately 150 receiving services through the outreach efforts.

EDUCATIONAL PROGRAM. The child services of the project are based on a model whose essential characteristics include an open entry-exit system, individualized instruction with data-based curriculum decisions, and general behavior management procedures. Instruction was planned according to the assessed deficiencies of the children in the curriculum areas of social, language, motor, and self-help skills. Children attend the project five days per week for three hours each morning.

Direct services for parents who indicate they are having problems with the behavior of their child or with building his skills are provided for through the parent services component of the project. Three types of services are offered. (1) Parent Behavior Management (PBM) provides individual training for the parent in interacting with his or her child in a controlled setting; (2) conferences provide the parent with the training and support needed to modify the child's behaviors at home; and (3) parent workshops present the concepts of behavior management and teaching techniques in group sessions conducted in the evening. Those services are available to parents of children who are being served in the preschool project as well as to those in other preschool settings or at home.

EVIDENCE OF EFFECTIVENESS. The project set the following criterion: upon termination, 30 percent of the children will reach their exit objectives in each curricular area. This criterion was exceeded in all except the motor area. In general, motor development was given less of a priority than the other curricular areas and in no case was it a primary area of concern.

Standardized test scores were used as summative information to measure the progress made by the children. The California Preschool Social Competency Scale (CPSCS) consists of thirty items which are representative samples of the critical behaviors in the preschool child's social functioning. A parent rated his or her child on each of the thirty items at the beginning and at the end of preschool service. The mean pre-test score was 16.79 and the mean post-test score was 30.29 on thirty-four children.

The Minnesota Child Development Inventory (MCDI) provided normative data describing the children served by the project in a variety of developmental areas. This questionnaire requests that the parent rate the child's behavior with a "yes or no" for 360 items. The following table presents data on thirty-four children served in the preschool during the three years of the project for whom both pre and post-test data are available. The number of children varies from scale to scale, since the scales are reliable for different ages of development.

Table 1

Gains for Project Children as Indicated by the Minnesota Child Development Inventory

Scale	N	$\bar{X}$ Age Entry (Year-Month)	$\bar{X}$ Length of Stay in Months	$\bar{X}$ Deficit in Months	Initial Growth Rate	SCE Growth Rate[1]	SCE Initial Growth Rate Ratio[2]
General Development	34	4-1	5.94	22.47	.57	1.36	2.39
Gross Motor	21	4-2	7.00	23.81	.54	1.54	2.85
Expressive Language	24	3-11	6.91	29.00	.38	.97	2.55
Comprehension Conceptual	33	4-1	6.03	22.03	.57	1.63	2.85
Comprehension Situation	25	4-2	5.96	29.40	.43	.82	1.90
Self-Help	34	4-1	5.94	16.17	.68	1.28	1.88
Personal Social	26	4-2	6.46	32.00	.38	.74	1.94

[1] SCE Growth Rate is the School for Contemporary Education Growth Rate.

[2] The SCE Initial Growth Rate is found by dividing SCE Growth Rate by Initial Growth Rate. That is,

$$\text{SCE Initial Growth Rate Ratio} = \frac{\text{SCE Growth Rate}}{\text{Initial Growth Rate}}$$

MATERIALS AVAILABLE. "Rated PG," a videotape for parent training. There are curricular materials in language, social, self-help and motor which are distributed only with training. The same is true of administrative procedures.

PROJECT TITLE. Resurrection Preschool and Parent Cooperative Sheltered Classroom

PROJECT LOCATION. 2280 W. Beauregard Street
Alexandria, Virginia 22311
(703) 578-1314; Winifred Anderson, Project Director

CHILDREN SERVED. During the academic year 1973-74, nine moderately and mildly handicapped children received direct services through the project. In 1975, the project reported that eight children, ages three to seven, received direct services.

EDUCATIONAL PROGRAM. The Parent Cooperative Sheltered Classroom began as a special education facility within a preschool for normal children.

The children received individualized instruction from a special education teacher and were mainstreamed into an "open classroom" setting with their normal peers. Physical skills, social skills, self-help skills, cognitive development and language development were emphasized.

The program gradually changed from a self-contained, sheltered classroom with minimal integration to total integration with no sheltered class time. Parents developed teaching skills by working as paraprofessional aides in the classroom three times a month. The children also participated in afternoon home teaching sessions for one-half hour a week. Even after mainstreaming was completed, some children received speech therapy in the school setting.

EVIDENCE OF EFFECTIVENESS. The children were observed and evaluated throughout the year in six areas using the Alpern-Boll Developmental Profile and the Language Assessment Profile. The following table presents mean gains and ranges.

Table 1

Mean Gains for Project Children on the Alpern-Boll Developmental Profile and the Language Assessment Profile [1]

Area	$\bar{X}$ Gain
Alpern-Boll Developmental Profile	
Physical Skills	9.0
Social Skills	13.5
Self-Help	7.5
Cognitive	9.2
Language Assessment Profile	
Language	7.0

[1] N = 9

PROJECT TITLE. Project Palatisha--Tribal Preschool

PROJECT LOCATION. Yakima Indian Nation
Box 509
Toppenish, Washington 98949
(509) 865-5700; Jacqueline Walker, Project Director

CHILDREN SERVED. During project year 1973-74, Project Palatisha provided direct educational services to twenty-five young handicapped Indian children representing a variety of handicapping conditions. In 1975, the project reported twenty-four children being served, ranging in ages from two to eight years.

EDUCATIONAL PROGRAM. The program utilizes both a center based and accompanying home teaching model. Children referred to, screened and accepted into the program are assessed with various developmental instruments from which individual objectives are specified for each child in the areas of cognition, language, motor and self-help skills.

Each child has a program designed specifically for his or her needs and receives individual instruction as necessary.

The second instructional component involves parents teaching their children skills in the home with procedures much like those used in the project classroom. Parents play a role in planning the educational programs for their children for both the classroom and for the home instructional settings.

EVIDENCE OF EFFECTIVENESS. Project Palatisha developed a developmental scale in order to assess the progress of children. The average gains for children are shown in Table 1.

Table 1

Goals for Project Children on the Palatisha Developmental Scale[1]

	Cognition	Fine Motor	Gross Motor	Language	Self-Help Socialization
Pre	36.48	39.23	47.04	36.95	45.57
Post	49.61	49.90	55.24	44.33	53.19
$\bar{X}$ Gain	13.13	10.67	8.20	7.38	7.62

[1] N = 25 on pre-test and N = 21 on post-test.

The next table presents the same information in a different manner by specifying the number of objectives presented for each child and the number which were completed or achieved by the child. On the average for the areas of cognition, fine motor, gross motor, and language, approximately 70 percent of the objectives specified for the children were achieved.

Table 2

Percentage of Success for Children on Objectives Presented and Completed

Objectives	Cognition	Fine Motor	Gross Motor	Language	Self-Help Socialization
$\bar{X}$ Presented	12.85	6.05	2.05	15.05	7
$\bar{X}$ Completed	9.00	4.25	1.50	10.30	1
% Completed	70.00	70.2	73.1	68.4	14.3

[1] N = 25 on $\bar{X}$ presented and N = 21 on $\bar{X}$ completed.

MATERIALS AVAILABLE. None.

PROJECTS

NUMBER OF CHILDREN SERVED DIRECTLY (1973-74)

	Colorado, Denver - Sewall Early Education Developmental Program	**Georgia, Athens** - Rutland Center Supplemental Services to Day Care Programs	**Georgia, Ochlocknee** - Ochlocknee Multi-Handicapped Project	**Hawaii, Honolulu** - Enrichment Project for Handicapped Infants	**Illinois, Chicago** - Parent & Infant Education for the Vision and Hearing Handicapped	**Iowa, Ankeny** - Model Demonstration Project - HCEEP	**Iowa, Cedar Rapids** - Comprehensive Early Childhood Program	**Iowa, Marshalltown** - Parent-Child Home Stimulation Project	**Maine, Cumberland** - Project Main Stream
1-10									
11-20									
21-30			▨						
31-40						▨			
41-50	▨	▨			▨				
51-60									
61-70				▨					▨
71-80									
81-90									
91-100							▨		
Over 100									
Over 150								▨	

	Massachusetts, Boston - An Early Intervention Program for Children with Developmental Handicaps	**Michigan, Mason** - Infant Program for the Visually Impaired	**New Hampshire, Hanover** - Project Prevent	**New Jersey, Glassboro** - Integrated Preschool Model Center	**New Jersey, Newark** - Mobile Early Education Project	**New Mexico, Clovis** - Responsive Environment Program for Spanish American Children (REPSAC)	**New Mexico, Las Cruces** - Las Palomitas Early Childhood Education for the Handicapped	**New York, Commack** - A Total Milieu Approach to Handicapped Infant Education	**North Carolina, Morganton** - Regional Parent Training Project
1-10									
11-20		▨					▨		
21-30						▨			
31-40								▨	
41-50	▨								
51-60			▨						
61-70									
71-80				▨					
81-90									
91-100									▨
Over 100					▨				
Over 150									

	North Dakota, Bismarck - School District #1 Early Education Program for Handicapped Children	**Oklahoma, Oklahoma City** - "Pepp" Training of Handicapped Young Children in Early Childhood Education	**South Dakota, Pierre** - South Dakota Preschool Program for Handicapped Children	**Texas, Del Rio** - Del Rio First Chance	**Texas, Wichita Falls** - Project PEECH: A Program for Early Education of Children with Handicaps	**Utah, Ogden** - Project SKI-HI: Statewide Infant Hearing Impaired Program	**Virginia, Alexandria** - School for Contemporary Education	**Virginia, Alexandria** - Resurrection Preschool and Parent Cooperative Shelter and Classroom	**Washington, Toppenish** - Project Palatisha - Tribal Preschool
1-10								▨	
11-20									
21-30							▨		▨
31-40									
41-50						▨			
51-60									
61-70		▨							
71-80					▨				
81-90									
91-100									
Over 100	▨		▨	▨					
Over 150									

95

AGE RANGES OF THOSE SERVED

	Colorado, Denver - Sewall Early Education Developmental Program	**Georgia, Athens** - Rutland Center Supplemental Services to Day Care Programs	**Georgia, Ochlocknee** - Ochlocknee Multi-Handicapped Project	**Hawaii, Honolulu** - Enrichment Project for Handicapped Infants	**Illinois, Chicago** - Parent & Infant Education for the Vision and Hearing Handicapped	**Iowa, Ankeny** - Model Demonstration Project - HCEEP	**Iowa, Cedar Rapids** - Comprehensive Early Childhood Program	**Iowa, Marshalltown** - Parent-Child Home Stimulation Project	**Maine, Cumberland** - Project Main Stream	**Massachusetts, Boston** - An Early Intervention Program for Children with Developmental Handicaps	**Michigan, Mason** - Infant Program for the Visually Impaired	**New Hampshire, Hanover** - Project Prevent	**New Jersey, Glassboro** - Integrated Preschool Model Center	**New Jersey, Newark** - Mobile Early Education Project	**New Mexico, Clovis** - Responsive Environment Program for Spanish-American Children (REPSAC)	**New Mexico, Las Cruces** - Las Palomitas Early Childhood Education for the Handicapped	**New York, Commack** - A Total Milieu Approach to Handicapped Infant Education	**North Carolina, Morganton** - Regional Parent Training Project	**North Dakota, Bismarck** - School District #1 Early Education Program for Handicapped Children	**Oklahoma, Oklahoma City** - "Pepp" Training of Handicapped Young Children in Early Childhood Education	**South Dakota, Pierre** - South Dakota Preschool Program for Handicapped Children	**Texas, Del Rio** - Del Rio First Chance	**Texas, Wichita Falls** - Project PEECH: A Program for Early Education of Children with Handicaps	**Utah, Ogden** - Project SKI-HI: Statewide Infant Hearing Impaired Program	**Virginia, Alexandria** - School for Contemporary Education	**Virginia, Alexandria** - Resurrection Preschool and Parent Cooperative Shelter and Classroom	**Washington, Toppenish** - Project Palatisha - Tribal Preschool
0-6 Months	▨		▨	▨	▨		▨			▨				▨		▨	▨	▨	▨		▨						
6-12 Months	▨		▨	▨	▨		▨		▨	▨	▨		▨	▨		▨	▨	▨	▨		▨		▨	▨			
1-2 Years	▨		▨	▨	▨	▨	▨	▨	▨		▨		▨	▨		▨	▨	▨	▨		▨	▨	▨	▨			
2-3	▨	▨	▨	▨	▨	▨	▨	▨	▨		▨		▨	▨		▨	▨	▨	▨		▨	▨	▨	▨	▨		▨
3-4		▨	▨			▨	▨	▨	▨		▨	▨	▨	▨	▨	▨		▨	▨		▨	▨	▨	▨	▨	▨	▨
4-5		▨	▨			▨	▨		▨		▨	▨	▨	▨	▨	▨		▨	▨		▨	▨	▨	▨	▨	▨	▨
5-6		▨	▨			▨	▨		▨		▨	▨		▨		▨		▨	▨	▨	▨	▨	▨			▨	▨
6-7			▨				▨		▨			▨						▨	▨	▨	▨	▨				▨	▨
7-8			▨									▨						▨			▨						▨
8-9																		▨			▨						
9-10																		▨			▨						
10-11																					▨						
Over 11																					▨						
Parents	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨

HANDICAPS SERVED

(Spaces filled indicate the handicaps each project actually serves; this does not mean projects are unwilling to serve other handicaps.)

	Colorado, Denver · Sewall Early Education Developmental Program	**Georgia, Athens** · Rutland Center Supplemental Services to Day Care Programs	**Georgia, Ochlocknee** · Ochlocknee Multi-Handicapped Project	**Hawaii, Honolulu** · Enrichment Project for Handicapped Infants	**Illinois, Chicago** · Parent & Infant Education for the Vision and Hearing Handicapped	**Iowa, Ankeny** · Model Demonstration Project · HCEEP	**Iowa, Cedar Rapids** · Comprehensive Early Childhood Program	**Iowa, Marshalltown** · Parent-Child Home Stimulation Project	**Maine, Cumberland** · Project Main Stream	**Massachusetts, Boston** · An Early Intervention Program for Children with Developmental Handicaps	**Michigan, Mason** · Infant Program for the Visually Impaired	**New Hampshire, Hanover** · Project Prevent	**New Jersey, Glassboro** · Integrated Preschool Model Center	**New Jersey, Newark** · Mobile Early Education Project	**New Mexico, Clovis** · Responsive Environment Program for Spanish American Children (REPSAC)	**New Mexico, Las Cruces** · Las Palomitas Early Childhood Education for the Handicapped	**New York, Commack** · A Total Milieu Approach to Handicapped Infant Education	**North Carolina, Morganton** · Regional Parent Training Project	**North Dakota, Bismarck** · School District #1 Early Education Program for Handicapped Children	**Oklahoma, Oklahoma City** · "Pepp" Training of Handicapped Young Children in Early Childhood Education	**South Dakota, Pierre** · South Dakota Preschool Program for Handicapped Children	**Texas, Del Rio** · Del Rio First Chance	**Texas, Wichita Falls** · Project PEECH · A Program for Early Education of Children with Handicaps	**Utah, Ogden** · Project SKI-HI · Statewide Infant Hearing Impaired Program	**Virginia, Alexandria** · School for Contemporary Education	**Virginia, Alexandria** · Resurrection Preschool and Parent Cooperative Shelter and Classroom	**Washington, Toppenish** · Project Palatisha · Tribal Preschool
Multi-Handicapped	▨	▨		▨	▨					▨	▨					▨			▨		▨	▨	▨				
Developmental Delay	▨	▨	▨	▨								▨		▨							▨		▨			▨	▨
Mentally Retarded		▨	▨					▨							▨			▨	▨			▨	▨			▨	▨
Neurologically Impaired	▨	▨	▨							▨																	
Cerebral Palsy	▨		▨	▨								▨							▨								
Spinal Bifida	▨		▨	▨																							
Hearing Impaired	▨		▨		▨							▨			▨				▨		▨	▨	▨	▨			
Speech Impaired	▨		▨										▨		▨				▨		▨	▨	▨				▨
Visually Impaired			▨		▨						▨	▨	▨		▨			▨	▨		▨	▨	▨				
Scoleosis	▨		▨																								
Hydrocephalic	▨		▨																								
Myelomenigocele	▨		▨																								
Emotionally Disturbed	▨		▨									▨						▨	▨		▨		▨		▨	▨	
Down's Syndrome				▨						▨																▨	
Microcephaly	▨			▨																							
Cardiac Baby										▨																	
Hemophilia										▨																	
Birth Defects	▨									▨																	
Learning Disabilities												▨	▨		▨				▨	▨	▨	▨					
"Range" of Conditions																	▨										
Physically Handicapped	▨							▨				▨	▨					▨	▨		▨	▨	▨				
Health Impaired																					▨	▨					
"All Types"							▨		▨																		
"Multi-Categories"						▨																					

STAFF MEMBERS

	Colorado, Denver · Sewall Early Education Developmental Program	**Georgia, Athens** · Rutland Center Supplemental Services to Day Care Programs	**Georgia, Ochlocknee** · Ochlocknee Multi-Handicapped Project	**Hawaii, Honolulu** · Enrichment Project for Handicapped Infants	**Illinois, Chicago** · Parent & Infant Education for the Vision and Hearing Handicapped	**Iowa, Ankeny** · Model Demonstration Project · HCEEP	**Iowa, Cedar Rapids** · Comprehensive Early Childhood Program	**Iowa, Marshalltown** · Parent-Child Home Stimulation Project	**Maine, Cumberland** · Project Main Stream	**Massachusetts, Boston** · An Early Intervention Program for Children with Developmental Handicans	**Michigan, Mason** · Infant Program for the Visually Impaired	**New Hampshire, Hanover** · Project Prevent	**New Jersey, Glassboro** · Integrated Preschool Model Center	**New Jersey, Newark** · Mobile Early Education Project	**New Mexico, Clovis** · Responsive Environment Program for Spanish American Children (REPSAC)	**New Mexico, Las Cruces** · Las Palomitas Early Childhood Education for the Handicapped	**New York, Commack** · A Total Milieu Approach to Handicapped Infant Education	**North Carolina, Morganton** · Regional Parent Training Project	**North Dakota, Bismarck** · School District #1 Early Education Program for Handicapped Children	**Oklahoma, Oklahoma City** · "Pepp" Training of Handicapped Young Children in Early Childhood Education	**South Dakota, Pierre** · South Dakota Preschool Program for Handicapped Children	**Texas, Del Rio** · Del Rio First Chance	**Texas, Wichita Falls** · Project PEECH A Program for Early Education of Children with Handicaps	**Utah, Ogden** · Project SKI-HI: Statewide Infant Hearing Impaired Program	**Virginia, Alexandria** · School for Contemporary Education	**Virginia, Alexandria** · Resurrection Preschool and Parent Cooperative Shelter and Classroom	**Washington, Toppenish** · Project Palatisha · Tribal Preschool
Director (or Coordinator)	▨	▨	▨	▨	▨	▨	▨		▨	▨	▨	▨			▨	▨	▨	▨	▨		▨	▨	▨	▨	▨	▨	▨
Assistant Director			▨			▨	▨		▨			▨					▨		▨		▨	▨				▨	
Physical Therapists	▨			▨		▨			▨							▨	▨		▨								
Occupational Therapists	▨			▨		▨			▨	▨							▨										
Social Workers	▨		▨	▨						▨							▨										
Speech Tch's	▨	▨	▨			▨			▨		▨					▨	▨		▨							▨	▨
Teachers of Hearing Impaired			▨		▨	▨																					
Secretary(s)	▨	▨	▨	▨	▨	▨	▨		▨		▨	▨			▨	▨	▨	▨	▨		▨	▨		▨	▨	▨	▨
Special Education Coordinator	▨						▨					▨							▨			▨					
Aides	▨	▨	▨	▨					▨		▨	▨			▨	▨			▨			▨			▨	▨	▨
Parent Workers		▨	▨	▨		▨	▨		▨		▨				▨	▨		▨	▨		▨		▨	▨	▨		
Evaluators - Psychological		▨	▨	▨	▨	▨	▨			▨		▨				▨	▨	▨				▨		▨	▨		
Teachers of Visually Impaired			▨		▨																						
Classroom Teachers		▨	▨	▨			▨		▨		▨	▨			▨		▨		▨			▨			▨	▨	▨
Media Consultants			▨								▨						▨							▨			
Nurses				▨					▨																		
Language Teachers						▨			▨							▨											
Day Camp Staff									▨																		
Bus Drivers									▨																		
Supervisors - Resource Tch.												▨														▨	▨
Nutritionists																▨											
Audiologists																	▨							▨			
Pediatricians										▨							▨										
M. R. Teachers																			▨							▨	
Interns										▨											▨						

TEST INSTRUMENTS USED

	Colorado, Denver · Sewall Early Education Developmental Program	**Georgia, Athens** · Rutland Center Supplemental Services to Day Care Programs	**Georgia, Ochlocknee** · Ochlocknee Multi-Handicapped Project	**Hawaii, Honolulu** · Enrichment Project for Handicapped Infants	**Illinois, Chicago** · Parent & Infant Education for the Vision and Hearing Handicapped	**Iowa, Ankeny** · Model Demonstration Project · HCEEP	**Iowa, Cedar Rapids** · Comprehensive Early Childhood Program	**Iowa, Marshalltown** · Parent-Child Home Stimulation Project	**Maine, Cumberland** · Project Main Stream	**Massachusetts, Boston** · An Early Intervention Program for Children with Developmental Handicaps	**Michigan, Mason** · Infant Program for the Visually Impaired	**New Hampshire, Hanover** · Project Prevent	**New Jersey, Glassboro** · Integrated Preschool Model Center	**New Jersey, Newark** · Mobile Early Education Project	**New Mexico, Clovis** · Responsive Environment Program for Spanish American Children (REPSAC)	**New Mexico, Las Cruces** · Las Palomitas Early Childhood Education for the Handicapped	**New York, Commack** · A Total Milieu Approach to Handicapped Infant Education	**North Carolina, Morganton** · Regional Parent Training Project	**North Dakota, Bismarck** · School District #1 Early Education Program for Handicapped Children	**Oklahoma, Oklahoma City** · "Pepp" Training of Handicapped Young Children in Early Childhood Education	**South Dakota, Pierre** · South Dakota Preschool Program for Handicapped Children	**Texas, Del Rio** · Del Rio First Chance	**Texas, Wichita Falls** · Project PEECH · A Program for Early Education of Children with Handicaps	**Utah, Ogden** · Project SKI*HI · Statewide Infant Hearing Impaired Program	**Virginia, Alexandria** · School for Contemporary Education	**Virginia, Alexandria** · Resurrection Preschool and Parent Cooperative Shelter and Classroom	**Washington, Toppenish** · Project Palatisha · Tribal Preschool
"Project-Made" Form	▨	▨		▨	▨			▨	▨		▨			▨	▨	▨	▨		▨		▨	▨		▨			
Denver		▨										▨					▨				▨						
Frostig		▨	▨												▨												
ITPA		▨							▨																	▨	
PPVT		▨	▨			▨			▨						▨				▨			▨					
Denver (Color Blindness)		▨																									
Metropolitan Readiness		▨																									
Portage		▨				▨	▨																			▨	
PIAT			▨																								
LDS (Lexington Dev. Scale)			▨																								
WISC			▨																								
Tina Bangs Scale			▨										▨														
WRAT			▨									▨															
Bayley				▨								▨					▨	▨	▨					▨			▨
Gesell Extremity Tests				▨																							
Uzgiris-Hunt				▨																							
Alpern-Boll						▨	▨											▨				▨	▨			▨	
Wechsler Preschool						▨						▨															
Marshalltown Profile						▨		▨																			
Arizona Articulation Scale						▨																					
Templin-Darley						▨									▨												
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Programmed Cond. for Lang.						▨																					
Test of Auditory Comp.						▨																					
LAP									▨																		
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TEST INSTRUMENTS USED (CONT')

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New Educational Directions									▨																		
WPPSI									▨																		
Stanford-Binet									▨			▨						▨	▨				▨				
Zimmerman									▨																		
DDST									▨																		
Burk's Behav. Rating Scale									▨																		
Titmus Vision									▨																		
McCarthy Scales												▨															
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Circus Eval. Instruments												▨															
Hiskey-Nebraska															▨								▨				
Coleman Motor Ability															▨												
Bessel & Palomares															▨												
Walker Readiness Test															▨												
Leiter International																	▨							▨			
Adaptive Behavior Scale																		▨									
Teaching Research Curr.																		▨									
Fisher-Logeman Artic Scale																			▨								
Vineland																			▨								

TEST INSTRUMENTS USED (CONT')

	Colorado, Denver - Sewall Early Education Developmental Program	**Georgia, Athens** - Rutland Center Supplemental Services to Day Care Programs	**Georgia, Ochlocknee** - Ochlocknee Multi-Handicapped Project	**Hawaii, Honolulu** - Enrichment Project for Handicapped Infants	**Illinois, Chicago** - Parent & Infant Education for the Vision and Hearing Handicapped	**Iowa, Ankeny** - Model Demonstration Project - HCEEP	**Iowa, Cedar Rapids** - Comprehensive Early Childhood Program	**Iowa, Marshalltown** - Parent-Child Home Stimulation Project	**Maine, Cumberland** - Project Main Stream	**Massachusetts, Boston** - An Early Intervention Program for Children with Developmental Handicaps	**Michigan, Mason** - Infant Program for the Visually Impaired	**New Hampshire, Hanover** - Project Prevent	**New Jersey, Glassboro** - Integrated Preschool Model Center	**New Jersey, Newark** - Mobile Early Education Project	**New Mexico, Clovis** - Responsive Environment Program for Spanish American Children (REPSAC)	**New Mexico, Las Cruces** - Las Palomitas Early Childhood Education for the Handicapped	**New York, Commack** - A Total Milieu Approach to Handicapped Infant Education	**North Carolina, Morganton** - Regional Parent Training Project	**North Dakota, Bismarck** - School District #1 Early Education Program for Handicapped Children	**Oklahoma, Oklahoma City** - "Pepp" Training of Handicapped Young Children in Early Childhood Education	**South Dakota, Pierre** - South Dakota Preschool Program for Handicapped Children	**Texas, Del Rio** - Del Rio First Chance	**Texas, Wichita Falls** - Project PEECH - A Program for Early Education of Children with Handicaps	**Utah, Ogden** - Project SKI*HI - Statewide Infant Hearing Impaired Program	**Virginia, Alexandria** - School for Contemporary Education	**Virginia, Alexandria** - Resurrection Preschool and Parent Cooperative Shelter and Classroom	**Washington, Toppenish** - Project Palatisha - Tribal Preschool
PPMS																				▨							
TOBE-Math																				▨							
TOBE-Language																				▨							
Thomas Self-Concept																				▨							
Toronto Test of Spanish																						▨					
Austin Test of Aud. Comp.																						▨					
Draw-A-Person																						▨					
Cattell Intel. Test																							▨				
R.E.E.L.																								▨			
Minn. Child Dev. Inventory																									▨		
Cal. P-School Soc. Comp. Scale																									▨		
Sharpe Assessment																										▨	

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IMPACT

WORKING WITH BEH

Project directors of the First Chance Network maintain unique relationships with BEH. Even as the projects seek to be responsive to the needs of handicapped children, the staff at BEH has shown itself especially responsive to the individual needs of the projects. The following random statements from project directors convey some of the feelings of appreciation and personal affiliation that have developed through cooperation.

> "Our project was transferred to HCEEP from Media Services and Captionist Films. BEH staff members have been extremely helpful in defining program guidelines and making the transition a pleasant one. The flexibility within the HCEEP office has been a real plus. BEH has been most understanding and supportive of our special project, which deals exclusively with 'high risk' and handicapped Mexican-American children, the first project of its kind to be funded by BEH."

> "BEH's flexibility is most noteworthy in my experience. They seem able, in spite of a small staff, to respond to telephone calls and varied requests from many projects. BEH was helpful to us early this year in allowing us to redefine a position. The result was an AV specialist, making it possible for us to finally develop our brochure and slide-tape program."

> "BEH support enabled our first year aides, who were certified teachers and working on aide salaries, to be raised to instructional assistants in the second year. This made their salaries commensurate with their service."

> "It was especially helpful to us to have an on-site visit by Jane DeWeerd. The visit answered her questions and she was able to meet with many project affiliated people. Their reports gave her a better overview of what was really happening. Her personal input to them assisted us in future planning for the program. That visit also provided the groundwork for us to write an outreach grant to develop materials for use with preschool blind children."

> "BEH has consistently informed us specifically about what was expected from our project. They have been flexible and allowed for growth and development not originally planned for in the proposals."

> "On a site visit, Paul Ackerman looked at our unfinished university playground and said, 'These children need a hill of their own to use their scooterboards on.' He suggested that we add budget funds to finish the playground."

"BEH sponsored and encouraged Project Director meetings in various places throughout the country. One notable result of these meetings has been the exchange of up-to-the-minute information concerning special education. This process is unequaled anywhere else in the country. BEH has also encouraged projects to visit programs across the country. This enables individual projects to validate and enhance their own efforts. One of the greatest attributes of BEH is their accessibility. With very few staff members, they have still managed to be available when a project director needs to talk to someone at the BEH office."

"We often felt that our project problems were, without a doubt, the most insurmountable and the least solvable. However, BEH has always been available to provide support in any way requested. When necessary, they made critical site visits or at other times just patiently listened and offered alternative solutions. BEH has accepted our limitations and has encouraged our uniqueness, enabling us to make notable impact in our region."

"There is a critical need for leadership from BEH as to how the projects may exert major influence on the national development of services to handicapped children. The quality of the Network is a direct credit to BEH's leadership. There also needs to be a stated plan and an organized system for accomplishing BEH goals."

"The Projects of the First Chance Network are a reassurance to BEH in the accomplishment of national goals for handicapped children through accountable and viable programs of demonstration services. The network itself, bears a responsibility to maintain quality, viability, and accountability. The area of project evaluation and accountability, in terms of what happens to affect services, is a concern of all parties involved in the Network. Development of standards for evaluation should be a joint responsibility of BEH, TADS, and the projects."

WORKING WITH TADS

TADS has been unique in its ability to be flexible in responding to varied project needs. The directors feel that the initial needs assessment began a special relationship between their projects and TADS; a relationship as the following statements portray of trust and support.

"TADS arranged for us to have a language specialist to do an in-service training session and made it possible for the consultant to return for a follow-up training session. The next year they provided continuity and philosophy and approach for our staff. This made the in-service program more useful than it might otherwise have been."

"It was great for me at the end of Year 1 to serve as a member of a special advisory committee to TADS which was composed of project directors. We met at Quail Roost, North Carolina and got acquainted through a lot of hard work."

"We really appreciated TADS' appearance at all our meetings and their support of our special annual group conference."

"TADS direct, personal, on-the-spot assistance and support was very helpful as we tried to find a meaningful way to evaluate our project."

"The SEED team was turned-on by Dan Davis to the unique characteristics of the interdisciplinary and transdisciplinary approaches. Don Stedman was instrumental in forming the SEED Advisory Board by recommending Dr. John Conger, who in turn, recommended Dr. Meier, current director of national OCD."

"TADS recent review to assess in identifying replication components of our project was especially useful. Generally we have received everything we have asked for."

"TADS sponsored two parent consultants who reviewed numerous options and procedures inherent in our program. They made considerable contribution in support of a limited-but-effective effort in parent services. Also, one of the greatest insights came from a TADS consultant who talked on the concept of program phases, thus providing ways to change into an ongoing program, termed maintenance and managerial."

"TADS representatives talked to our university administration, defining our project as service-oriented rather than research-oriented. This took pressures off project personnel for constant research-testing-computerizing and allowed us to place emphasis on children."

OUTREACH

Outreach is considered, in very general terms, to be increasing the quantity of quality services for young handicapped children through activities initiated by the demonstration projects. The idea is to stimulate direct services, which are provided by persons other than the projects' staffs, to children.

There are a variety of activities that may be classed as outreach. When a project expands experiences gained during the initial three years; expands its direct services to handicapped children; stimulates further utilization of its methods, staffs, materials, and products; enables other projects to respond to newly assessed needs; further explores and develops long range goals; or allows BEH to expand on the initial three year investment in the project--the project is involved in outreach activities.

Most projects are involved in three kinds of outreach activities simultaneously: (1) demonstration-dissemination, (2) direct training, and (3) involvement with others to stimulate coordinated activity.

All outreach efforts must be locally supported if the project is to continue its demonstration services. Some projects use the demonstration model as the primary component of their outreach strategy. Demonstrating and disseminating information about a system that has worked (and that might work in whole or in part with adaptations in another setting) constitute one category of outreach activity. Often, the location of the demonstration project is used as the primary training site.

Many projects engage in direct training activities in conjunction with the dissemination of materials. Indeed, it seems to be a consensus of project directors that quality control over implementation is one of the highest priorities. Dissemination without some type of personal contact usually proves unsatisfactory.

The extent of personal contact may range from a consultation regarding the model's components to the establishment of actual training packets and schedules, workshop presentations, and individualized consultation on the site of the proposed replication. One of the reasons that the replication is resistant to "canned delivery" is that the new activity must not be just a copy of the old, but must also focus on the development of new services to meet the needs of the new situation.

A final type of outreach involves the stimulation of and cooperation with other professionals in the area. This might involve working toward the establishment of new complementary services for infants and young children.

For some, the greatest outreach progress lies in the area of opening channels of cooperation with the public school systems who are staggering under the recent mandate that they immediately extend services to all exceptional children. Assisting regular preschools in promoting meaningful moves into the "mainstreaming era" can amplify the options for exceptional children, and, thus, such assistance would be an outreach activity.

Some projects put their outreach eggs in the basket of promoting statewide screening as a first step in opening state services to the handicapped. Others perceive the establishment of project networks within a state or region as the most promising way of stimulating the needed activity.

It is difficult to categorize types of outreach activities too completely. Since the very definition of outreach contains overtones of "innovation, creation, and never-before-ness," a successful outreach effort is necessarily one that accomplishes its objective through unique, albeit appropriate, methods. It does not involve simply copying the ideas of other projects.

Projects in the process of beginning outreach should pay attention to what has been done. Unfortunately, the past offers only good advice, not a line-by-line instruction sheet. The following list of recommendations, however, does provide the benefit of lessons learned the hard way by current outreach project directors:

1. Plan for outreach early in the program's development, no later than the end of the second year.
2. Develop communication in the first year of funding with the people you will be working with on outreach.
3. Build a community based program from the beginning.
4. Support state agencies in their leadership roles in developing project plans for outreach.
5. Be responsible for the quality of your services and training.
6. Include a statement of criteria for selecting sites.
7. Develop packaged materials following complete program development.
8. Follow through with the outreach sites. Avoid sending information without personal contact.
9. Focus on a few target sites and make sure to emphasize personal contact in every one of them.
10. Establish a reasonable time to focus on complete outreach assistance at a particular site.

CONTINUATION

Local financial support for continuing a demonstration project is a prerequisite for BEH outreach funding. Continuation means that the essential components of the model project must be maintained at the same level of direct service provided during the demonstration years. Of primary interest to the project directors is the basic question: Where am I going to find the money to do something that there was no money to do . . . before we started doing it?

Obviously, continuation involves a selling job. The project director should realize from the beginning that the final sale of continuation (i.e., getting someone to underwrite the support of the project) must be accomplished every day of the project's life. It is in the day-to-day impressions on the public and the community that a project makes its necessity apparent.

Fourteen projects reported their sources of continuation funding for this monograph. Of these fourteen, slightly over half (57%) indicated more than one source of support. The following table presents the sources (federal, state, local, public, private) of funding listed by projects. Projects which signified a single source of funding are placed first on the table.

SOURCES OF CONTINUATION FUNDING FOR FOURTEEN PROJECTS

	FEDERAL	STATE	LOCAL	PRIVATE
1.	Title VI B			
2.		Department of Education		
3.		Department of Hospitals and Institutions		
4.		Department of Public Instruction		
5.			Education	
6.			Education	
7.	Title VI B		Tribal	
8.		Department of Education	Education	
9.		Department of Mental Health	Mental Health	
10.		Department of Health	Mental Retardation	Insurance
11.		Department of Health		Easter Seal
12.			Human Resource, Education, Mental Health	
13.			Education	Foundation
14.			Education	ACLD, Nurseries

At the federal level, one type of continuation funding is Title VI-B funds. Two projects indicated that they received such support, and another project noted VI-B funds as a possibility via the State Special Education Department. No additional federal sources were noted for continuation other than outreach funds.

Seven of the projects reported that they will be receiving state funds. Project SKI-HI was able to receive a separate budget which was independent of the state supported School for the Deaf's budget. This funding was made a reality because parents contacted every legislator in the state. The parents' work made possible a statewide screening program during the second year.

The Enrichment Project for Handicapped Infants also worked with parents in order to promote legislative changes. Seventy-two of the seventy-six state legislators were visited. In addition, the testimony of the project directors and three parents at Senate and House Hearings resulted in the Legislature allocating $192,000 for state infant programs.

Other, less direct, approaches can also be effective. Wise projects are always encouraging visitation of the site and sending comments and reports to people with significant strength in the political structure. Volunteering for and serving on committees can also result in good publicity for the project. Frequently, a combination of hard work and fortuitous events can unexpectedly provide support. In Georgia, for example, the state legislature had funded more special education teacher units than had been anticipated by the schools. Consequently, Ochlocknee was able to obtain state funding for the project teachers during the project's first year and has capitalized on that situation for continued support.

Most of the projects will be receiving some type of local public funding, usually through local education budgets. Most projects went about securing such funding by establishing personal contact with key local personnel, encouraging them to visit the project, and providing them with presentations and information.

A few projects will receive some sort of private support. The Enrichment Project for Handicapped Infants will receive its basic continuation support from the Easter Seal Society. The School for Contemporary Education found a private foundation, which had provided smaller support in previous years, that was willing to underwrite the parent training program of the project. In Des Moines, Iowa, the local ACLD and private nursery school boards will provide scholarships for seven children to enter the project. Predominantly, however, nearly all of the projects will be largely supported by public funds.

Recommendations for those facing the prospect of searching for continuation funds include:

1. Plan early for continuation support.
2. Diversify target continuation funding sources.
3. Work closely with legislators and power structures at the local and state levels.

4. Learn from the beginning about the real wielders of power in the state.
5. Take a key person with you from home if there is a project directors' meeting at the end of the second year. Input from BEH and TADS can make friends for you among eventual sources of continuation funding.
6. Look for "winners." Spend time with agencies who have a good track record of funding.
7. Motivate parents to act to stimulate funding independently of the project.
8. Evaluate and sell the most sellable project components. Not all project components must be continued or replicated.
9. Make sure you have the community behind you when you request money.
10. Look for other recommendations in "An Outreach Process Model" by William W. Swan; published by TADS, 500 NCNB Plaza, Chapel Hill, NC 27514.

SPIN-OFFS

We use the phrase spin-offs to mean those unanticipated, but happy occurrences which result when the support needed by concerned people who are trying to help children in need is offered. Spin-offs are the fringe benefits, the positive results of a project which are never verbalized in the original project proposal . . . but which everyone knew would occur.

On the following pages, some of the spin-offs of some of the projects are described through a montage of formal and informal statements from reports. The statements have been edited to remove most specific locale references so that they might emphasize what was accomplished instead of where it was accomplished.

When capable people have a goal to accomplish, there is almost no limit to the number and variety of people who will be pulled in and deputized to accomplish that goal.

SPIN-OFFS TO STAFF

> "Our Community College and our project are cooperatively offering the 'Cognitive Approach to Preschool.' This course in child development and curriculum planning for preschool parents, teachers, and paraprofessionals (for college credit) was developed as a result of staff and parent interest after we established the sheltered classroom."

"The aide in our sheltered classroom has entered a Master's Program in Early Childhood Special Education. Her work and supervision under a Sheltered Class Teacher were strong motivational factors in this choice."

"Five of our collaborative nursery school staff paid their own tuition to an adult education class to learn SEE in order to be able to help children integrate with normally developing peers."

"We have seen an increase of student teachers and internships in our project--both graduates and undergraduates."

"One undergraduate student in the Department of Human Development decided to pursue a career in physical therapy after participating in our project."

"Two special education students who did their practicum in the project are now interested in pursuing employment in programs with handicapped infants."

"We began to feel a need for a visual and auditory record of the aspects of our program. This has led to the hiring of an audiovisual person and a great increase in training, both in-service and in other programs outside the Center."

"A course is planned--the first of its kind--for neuro-developmental training for teachers. It will be open to all teachers of the handicapped."

"We saw a need and set up a course in counseling techniques for the infant staff members who come in close contact with the parents of our handicapped infants."

"We have designed and built innovative equipment to enable our severely physically handicapped babies to utilize whatever independent functioning they are capable of. The object has been to provide as normal as possible physical movement within the limits of a good therapeutic situation."

"The director was selected to serve on the Advisory Committee of the Paramedical Career Program at the local technical school."

SPIN-OFFS TO FAMILIES

"Mothers exhibited increased interest in the program by creating new ideas and additional teaching techniques to be used with their children."

"The parents strengthened their own role in effecting community change by going to the state legislature with requests for improved services to handicapped children."

"The Interagency Interdisciplinary Conference on Developmental Disabilities recommended after our input that parent training services be secured for the parents of preschool age handicapped children residing in the county."

"Parents involved in our county training groups initiated the formation of a community action organization for the parents of handicapped children."

"Three mothers trained in our parent training project are providing services to handicapped children on an individual basis. These children might not otherwise be served."

"A two-county lending-library of developmental toys has been started. The toys were constructed or donated by parents participating in our project."

"Two mothers trained by our parent training project have now been hired as teacher aides."

"Some parents started a special church service and Sunday school class for special children at the Methodist Church."

"Parents donated Christmas presents to other handicapped children residing in the regional residential institution."

"Our parents requested a regional meeting for all parents in Parent Training. The meeting was attended by over seventy-five parents from the region."

"A local group called the 'Exceptional Mothers' committed to be trained as home intervention members with their own cerebral palsy children and with other children in need."

"Upon request, we provided for parent groups outside our own presentations that focused in the areas of exceptionality."

"Three of our mothers were trained and took charge of the program one day a week, which provided for an extra day at the center."

"A sibling program each Saturday evolved because a number of working mothers, who were scheduled to come in with their handicapped child, brought the whole family."

"One of our parents is now pursuing a course in special education at the University . . . ."

"The father of a Down's child who participated in our training program is now a member of the State Developmental Disabilities Council."

"A parent whose child graduated from our program has begun a parents' program in the school in which her child is now enrolled."

"Amniocentesis was performed on two pregnant mothers of Down's children enrolled in the program. The mothers learned about amniocentesis through the Center program."

"Some of the siblings of infants in our program have decided to pursue careers in special education or other fields connected with rehabilitation."

"Parents are volunteering their services as drivers for other parents who are unable to get transportation."

"Within our infant program families, we have identified other children in need of services and have provided them with evaluations, therapies, and referrals through the facilities of our Center."

"One of the fathers in our program is serving on a parents' advisory committee of the National Collaborative Infant Project. He was invited to the President's Conference on Mental Retardation and is articulately presenting the parents' point of view."

"One of our minority group mother-child workers with a BA from a relatively small college has been accepted into the graduate program in Clinical Psychology at B.U. The definitive item in her acceptance was her two years training and experience in our project. Now, two others are enrolled in evening courses, one has applied and been accepted to a Master's program in Early Education, and one has enrolled in a remedial English class to raise her chances of entering college-level course work."

SPIN-OFFS TO THE COMMUNITY

"Local day care centers and nursery schools are beginning to open their doors to severely handicapped children now that values and mutual benefits of mainstreaming are being recognized."

"A metro area interdisciplinary group has been formed by members of our team. Its goal is to stimulate interest and education in the interdisciplinary process in the community and promote a more efficient delivery of services."

"Civic clubs in our community have expanded their involvement in services to handicapped children. They are getting into identification and service delivery."

"We had an opportunity to disseminate information about the project through community presentations and by utilizing a communication network with the local newspaper, the City Department of Health, church bulletins, newsletters from preschool day care centers and other collaborative agencies."

"A Committee for Children with Special Needs" has been created on the Citizens' Advisory Council of the local comprehensive community mental health center. It will do planning and facilitate and coordinate program development for handicapped children in the area."

"Our advisory committee has added a new dimension to its character--members are now serving as consultants in our decisions about media, funding, legislation."

SPIN-OFFS TO LOCAL SCHOOLS

"A continuum of services for the visually impaired child within our intermediate school district has been developed. It will serve birth to twenty-five years of age with provisions for integrating the severely visually impaired into regular classroom programs--with additional support personnel."

"Two of our project's parents were instrumental in changing the priorities for the local schools' special education program. There will be a new emphasis on early childhood services to the handicapped and our project director has agreed to be responsible for a parent program beginning in the fall."

"Approximately ten normal preschools have now accepted exceptional children into their programs for the first time."

"Through the efforts of one of our parent trainers, a class for trainable mentally retarded children has been added to the public school system."

"A teacher, regularly employed with the county Department of Public Instruction, has volunteered to spend twelve hours per week starting additional training groups and doing individual home training for children in that county."

"Our project assisted in publicizing and served as a site for the city school's Child Concern Centers--an assessment and testing of pre-kindergarten children."

"The linkage with the public schools has been established with membership on the Advisory Board and the participation of public school personnel in our in-service training program."

"Twenty-five families requested conferences with the receiving school personnel for the mainstreaming of their preschoolers."

"Local preschool teachers have created an informal organization as a vehicle for in-service training programs with our support and encouragement."

"The County Transportation for the Handicapped is providing us with a bus to use for emergency transportation needs of families who cannot get to our center because they lack transportation."

"The County Mental Health Board is supplying us with two additional infant teachers to work with two and three year olds in groups in a remote area of the county."

SPIN-OFFS TO STATES AND THE NATION

"Program personnel have been utilized as resource consultants for the development of services to special education children throughout the state . . . ."

"Personnel from our program have had a great impact in the development of the State Special Education Rules and Guidelines relative to the infant and pre-primary handicapped (vision-orthopedic-hearing impaired)."

"We were involved in pre-planning for services to visually impaired infants and youth in two other states."

"Our knowledge of federal grant proposal writing, of planning, and of implementation of projects was utilized in the development of two other state/federal funded projects for special education children. Both projects were approved."

"Our working relationship with TADS was used as a reference base for the planning and development of a similar technical assistance system to be available for a second project within this office. TADS responded and is working with this new project in system development."

"The State School for the Blind has now changed its policy and will provide home visitation service to children (and their parents) who have lost their vision prior to school entrance."

"We have had many visits from school personnel from throughout the state."

"New cooperative Special Education Plan A Programs in the state are adapting the model set up by our project for preschool education for handicapped children in rural sparsely populated areas."

"A statewide policy has been established for exchange of previously restricted information between health and educational agencies for referral children."

"Our director provided an orientation for the staff of the State Child Abuse project to the Enrichment Project curriculum. One staff was also trained in the use of the Brazelton Infant Scale."

"Enthusiasm for our project by the nurse loaned for five percent time from the Health Department as a part of matching funds, led her to give more time--which amounted to seventeen percent of her time."

"Two public health graduate students will conduct infant enrichment projects this summer for their field work. Our staff members have also participated in interdisciplinary training of all health, education and social services personnel of public and private agencies in the area."

"The Department of Health has begun a program for severely and profoundly retarded and handicapped children three years of age and older who attend with their mothers or caretakers two days a week. These are children who cannot be placed in any program and would thus remain at home or be placed in the state institution for the retarded. Part of the training for the aides in the program was provided by our project personnel."

"Our project was invited to present a program at an International Seminar: New Frontiers in Special Education, in Canterbury, Kent, England."

Our project coordinator has served as an advisor with the National Center on Educational Media and Materials for the Handicapped at Ohio State University."

SPIN-OFFS TO UNIVERSITIES

"The graduate design class is going to come out and design a playground for us, integrating into the designs some of the developmental needs of children as well as special planning for blind children."

"We have filled requests for information and training in working with handicapped preschoolers by the Department of Educational Psychology, Michigan State University."

"Our Occupational Therapist is teaching a class at Denver Community College on 'Integration of the Handicapped Child'."

"Our project's slide presentation has been used as a teaching technique in college classes to students in Early Childhood Education, Special Education, and Research."

"Our project has helped set up new graduate and undergraduate courses in 'The Hearing impaired Child,' 'Creative Activities for the Preschool Child,' 'The Preschool Child and the Curriculum,' and an 'Early Childhood Education Workshop'."

"We collaborated with the Human Development Center at the University for the placement of preschool children with special needs to be enrolled in regular day or nursery centers."

"We provide practicum for undergraduates and graduate students from four colleges or universities."

"A local teacher training program now includes a course in child development as part of its curriculum. This course has been taught by a project staff member on her time and includes some sessions dealing with issues about handicapped children."

"We organized a training program for special education students to become baby-stitters for parents of developmentally disabled children. Six students participated in a series of discussions and presentations by staff over a six week period."

"One special education graduate student who was thinking of giving up the field because of disinterest in course work decided to stay in the field after participation in the program. He is now working for his Ph.D."

"One undergraduate student did her student honor's thesis on the program related to teaching siblings to teach their handicapped brothers or sisters."

"A student in the program is now doing field work and has planned, under the project director's supervision and in coordination with the Director of the Crippled Children's Bureau there, a program modeled after ours. Workers for that center will come to ours for training."

"A psychology graduate assistant in our program, originally a candidate for a Ph.D. in Human Relations-Consciousness Psychology, has now transferred to a developmental psychology program as a result of his experiences with the children and parents of our project."

"A student in the Human Development program at the University who spent the fall at the Center as part of her practicum was sufficiently interested in the program to return independently during the spring semester. An outgrowth of her involvement in the program was a research paper on siblings in the program, 'Effects of a Handicapped Child on Normal Siblings'."

SPIN-OFFS TO THE MEDICAL FIELD

"Our project was able to influence an increase in medical awareness of early needs of parents of the handicapped and of the handicapped child as well through the compiling of a 'Physician's Reference Manual of Special Education Services'."

"We answered a request from the Nursing Director to assist with training for nurses to help them become aware of exceptional children."

"An outreach dental program in collaboration with the state Dental Association has been established. Priority for comprehensive dental care will be provided by the local Health Center in conjunction with the state association. An educational program will be provided for children and an in-service training program will be provided in dental care for the staff."

"A workshop for all public health nurses in the state was requested and provided to help assist them with setting up objectives and prescriptive teaching techniques for their work with mothers of normal children."

"Staff consultation and demonstration were provided to Children's Hospital nurses for stimulation of hospitalized infants, (the) effect of which has been for the nurses to utilize their speech and play therapists more frequently for consultation."

"The public health nurse on our project helped in planning and implementing a cooperative nursery for disadvantaged preschoolers in another area."

"Public health nurses assisted in setting up a high-risk referral program with maternity hospital nurses."

We have made an alliance with the county Public Health Nurses to help families with special medical needs and eventually train them so that they may visit families in the far eastern end of the county to provide services to families that cannot come to the Center."

"During this year, we have developed increasingly close contact with both the Newborn Nursery and the Pediatrics Department at the City Hospital. As a result of this, there is a growing exchange of services and training. They have become a major source of referrals to our agency and increasingly (have been) involved in discussing the follow-up care of these infants with us. Pediatric Residents have come to observe our work and participate in staff discussions."

SPIN-OFFS TO OTHER AGENCIES

"We filled requests for assistance and materials for working with visually impaired infants from ten other states and Canada."

"We have had requests for information and training from Head Start teachers working with handicapped preschoolers."

Our project director was asked to develop and chair the Early Childhood CEC Division for the state meeting. She was also requested to be an Advisory Board member for the Early Childhood Special Education IMC Project."

"Several of our staff members have been requested to speak at local universities."

"We have influenced other projects, programs, and agencies to extend/change/increase services and quality of services to our children and their families. There have been increases in the quantity and quality of home teaching, MR, POHI, OT-PT service, visiting nurse, maternal and child health."

"Our project has served as a child advocate to many educational, health, and welfare agencies."

"Staff participated in the planning and implementing of the YWCA summer program for young mothers and their infants. One referral of infant and mother to our project resulted."

"As a result of the project coordinator's concern and interest in the placing of infants, a Cooperative Admissions Committee has been formed to facilitate movement of children through various programs. All local agencies serving young handicapped children are members."

"New cooperative efforts with ARC, the county Center for the Emotionally Disturbed, and the State School have resulted in joint monthly meetings, ongoing personal contacts as to programs and placement for parents and children. A joint Infant Development Committee has been formed with the Martin Luther King Center, the Children's Hospital, and the SRC which will plan parent training and education for the staffs of these agencies."

"Upon request, we provided for three day care centers, one Head Start project, two preschool centers, and staff development workshops in the areas of language development and hearing impairment."

"Our program initiated a State Consortium for Infant and Early Childhood Education in with a nearby Human Resources School and the State Department of Education. Ten programs throughout the state were invited to form an initial consortium for the purpose of disseminating information on infant and early childhood education for the handicapped; resources for training staff; referral sources for special children; advocacy for initiating infant education programs and research, both short and long range. A monograph designed primarily for public school education is being edited by our project director."

"Our infant team physical therapists have written a pamphlet, 'An Introduction to Neurodevelopmental Therapy' designed to be read by those non-physical therapists working with physically handicapped babies."

"We felt an obligation to the very youngest babies, who have been diagnosed as handicapped, and their families. This concern has resulted in a pilot program that will have an infant team member going directly into the nursery of the hospital to work with nurses, doctors and parents in meeting the needs of high risk and handicapped neonates. Part of this mini-program will include recommendations on whether the babies belong in our infant program or should be referred elsewhere."

COMMUNITY IMPACT

The establishment of a First Chance Project in a community or region can result in a number of positive outcomes. Services to targeted handicapped infants, preschoolers, and their families will certainly be made available. However, equally important to the overall goal of the First Chance Network is the impact that projects will have on total child service delivery within the community, region, and state.

Community impact is a crucial area for planning by a project staff and should receive attention early and often. A project can expect to influence thousands of children whom it may never identify by name. In the impact area, we are concerned about services for not only handicapped youngsters but all children.

Meaningful "impact" of a First Chance Project is the result of careful project planning which is designed to improve child service delivery. "Spin-Offs" may be defined as any effect in which no direct relationship to project goals can be traced.

"Community impact" is written into the framework of each project's goals and objectives. We say that a project has had an "impact" when there has been a change--because of the project's work--in attitudes, values, roles, and behaviors toward support services for children--infant, preschool, and school age--handicapped and non-handicapped alike.

In studying various examples of impact, the reader should remember that impact for one project may be spin-off for another. One project may very carefully define a need area, target an audience, and carry out a systematic strategy to effect change, while another may bring about the same results via a tangential, unplanned activity.

Community impact involves crucial philosophical and political changes regarding children. For this reason, a project staff must be aware of the project's potential and responsibility . . . and plan accordingly.

Planning for any important activity should always be based on a needs assessment. As a project's staff begins to deliver services to children, gaps in the service delivery system of the community will become apparent. These gaps may include poor screening services, inaccessible recreational programs, inadequate day care services, or lack of coordination and communication between agencies.

The first step is to establish an awareness in the community that a need for services exists. These needs may not be directly related to the project's goals; however, they may be within the purview of the project's service delivery philosophy.

After the needs assessment has been completed, the project considers the effects that its resources and constraints (political, legal, financial) will have on its ability to meet the needs. After due consideration, the needs are listed according to their priority and the ability of the project to meet them. Then, the agencies, individuals, and other groups that will be most helpful in bringing about needed changes are identified. Failure to identify the correct audience can result in frustration, wheel-spinning, and aggravation. A project's advisory committee should be actively involved in all these stages--especially in the identification and contacting of agencies, individuals, and groups. Sometimes a contact by an advisory committee member will result in a bigger payoff than a hundred contacts by the project staff.

Strategies that may be employed in meeting the needs will vary from place to place. One project may have tremendous success in working with public health departments on an informal basis; they may be able to expand diagnostic and referral services considerably. Another project may coordinate the development of a formal interagency council to support coordination and communication. Still another may involve parents in presentations to area civic clubs. The options are limited only by the projects' aggressiveness. Every project's strategy must be carefully planned, systematically carried out, and honestly evaluated.

Community Awareness

Infant and pre-primary age handicapped children are the first and major concerns of the First Chance Network. Community impact upon these children, their needs, and their services can result only when there are changes in attitudes and behaviors of groups within the community.

Across the First Chance Project Network, changes in community attitudes toward the handicapped child are reported. One of the first effects of the project's efforts is a growing awareness of the presence of handicapped children within the communities, and thus a new visibility for a segment of the population which, although in existence, was never really acknowledged as being present, even though the community was accountable for its care.

In addition to this new awareness of the handicapped population, there is a growing concern and interest in the kinds of assistance the community or its agents ought to provide for the children and their families. Generally, people feel strongly empathetic, without feeling an equally intense desire to back their concern with cash for services. These feelings of empathy should be channeled into cooperative efforts to plan services for children.

Handicapped infants and pre-primary children have needs for developmental experiences and services that are equal to or greater than the needs of their "normal" peers. Acceptance of the handicapped into normal community functions and activities has resulted in easier access to the facilities and services available to all children.

A variety of strategies have been used to foster communities' awareness of children. Well planned programs of dissemination activities, which are crucial to such efforts, include specification of target audiences, carefully defined messages which are meaningful for and appropriate to the audiences, and the use of media and activities which will most effectively carry the messages.

In addition to dissemination activities, other strategies which could be used include: the project staff is encouraged to join and participate in community groups; the project staff members' personal interests and activities are used to open doors; and memberships in community advisory committees are used to increase awareness.

In some cases it may be difficult to see a relationship between the concerns of a project and the activities of some civic club or advisory committee. But the connections are there if you are determined to find them and persistent enough to exploit them. For project staff members who are looking, there are impact opportunities on every hand!

Agency Cooperation

Many communities or regions have established interagency task forces or advisory committees for the purpose of coordinating the planning, development, and delivery of services. These interagency groups often represent the entire child and adult service delivery system. They provide a means for agencies to communicate systematically with one another concerning specific children and families, gaps in services, and local financing problems. With activities and careful planning, these groups can be potent forces in affecting political decisions related to funding, responsibilities for services, and eligibility for services.

If a project has access to such a group, every means should be used to become an effective supporting member. The committee will provide needed auxiliary services; support planning for project services; and resources for replication, dissemination, and demonstration.

If the group is not moving ahead, the resources of the project may create a new sense of purpose in the group's activities. Time would be well spent in contacting the chairman or president, finding out what is going on, taking responsibility for a program, preparing a special project or activity, volunteering, volunteering, volunteering, and being prepared to encourage other agencies to do likewise.

If such a task force does not exist in a project's area, the development of such a group would be a reasonable task. Here again, the key is initiative and persistence. A luncheon meeting preceded by a personal telephone call, a confirmation letter, and reminder memo is a simple but effective way to get things rolling.

There are many ways to support agency cooperation. A project may elect to approach one or two state or local agencies for action. The project should become well versed in the resources and constraints of the agency from whom support is to be requested. The agency may have legal constraints which prohibit certain support services. Financial constraints can also restrict certain services.

A project should be able and willing to support other agencies in their tasks. For example, if a local health department is mandated to carry out community screening but doesn't have the staff to do so, the First Chance project could volunteer to assist and make a friend for life. When a project gets to the point of having other agencies asking for help, agency coordination is underway.

Joint staff meetings are tremendous ways to encourage interagency communication and coordination of services. Representatives from area agencies who have knowledge of the child or family or have potential resources to offer should be regularly invited and encouraged to attend project staff meetings.

Expanding Services to Children

Services to young children can be extended by the project in a variety of ways. These include the project staff: (1) becoming a part of other agencies' screening and diagnostic teams, (2) influencing area day care centers to accept previously excluded children, (3) generating trained volunteers for screening, or (4) initiating tutorial services or child development centers apart from the projects' site.

Agencies with which the project works may find themselves capable of providing additional services because of the resources, encouragement, and support of project staff. When this happens, project staff should be sensitive to the continuing need for encouragement, positive reinforcement, and support. These needs can be attended to through itinerant services to the agency by the project staff, planning meetings, in-service programs, appreciation awards, dissemination materials on "helpful hints," and parent programs.

Once another agency has decided to expand services to handicapped youngsters, it will continue to need the help of your project. Don't let them flounder or fail! They must feel good about what they're doing and be successful in doing it!

A project should not limit itself to local agencies. State level agencies, like the State Department of Education and the Department of Human Resources, are legitimate targets. When the project identifies a need for expanded legislation for preschool children, state agencies should become a priority concern. A project may decide to develop a model demonstration of what could happen if legislation were available statewide, and then go with a "show and tell" attitude to the legislators.

A First Chance project staff has a responsibility to its own children, but also to thousands of youngsters whom it will never know by name or face. The need for services is ever present. The difficulty comes in deciding how far project resources can be expanded and in identifying the effective avenues for impact.

Expanded Services to Families

Families of handicapped children are faced with a lifetime of frustration and problem solving. With help, they can know the feeling of pride that comes when their special child takes his place in the community. The First Chance project can support but can by no means solve all family problems. The staff must be concerned with the total life of the handicapped child, his needs and the needs of his family, in the present and in the future.

Respite care, emergency health services, ongoing therapeutic programs, and continuing parent and social services constitute a rationale for effective planning for families of project and non-project children and their families. No one agency can possibly meet the total needs of the handicapped child and his family.

Families of handicapped children have a number of very basic needs which can be supported by project staff in connection with other community agencies:

1. Identification of the child's special need
2. Diagnostic and evaluative services
3. Therapeutic programs
4. Family and social services
5. Guidance and emotional support

Community screening programs through area day care and kindergarten programs, parent training programs through local school and preschool organizations (Head Start, OEO programs), and parent training through community technical schools may be undertaken. Community counseling centers, mental health programs, crisis intervention services through welfare and health agencies all offer potential resources for families of handicapped children. Local Associations for Retarded Citizens, the Council for Exceptional Children, even the Americal Association of Retired Persons may be willing to expand services to a community to support respite care, counseling, and foster parent (or surrogate parent) programs. Transportation to health clinics is a continuous problem for many parents. And all parents need some sort of effective and organized advocate to support their needs formally and through channels. These are only examples of needs that a project staff can effectively address through community meetings, dissemination and demonstration efforts, or lobbying with local and state groups.

A project may focus its efforts toward the development of a local or regional developmental center offering expanded services to families. This can be done through interagency task forces or special aid to committees established for this purpose. This type of program will require a total community approach; the First Chance project can't do it alone, but it can provide needed leadership, support, and guidance.

Regional Impact

Regional impact may range from the development of enabling legislation for services to children and increasing funding levels to designating the project "a model," and generally upgrading services through the development of standards.

In attempting to have an impact on a broad area, a project must carefully assess resources in terms of staff and time, the quality of the demonstration site, and the staff's commitment and willingness to undertake the task. A good deal of political know-how will be required. Get help on "what to say" and "to whom." Find out "who pulls what strings." Learn "who really gets things done." The obvious target may not be the most effective. The smiling and gracious First Lady of a state may be able to get more done than the Director of Special Education.

A project may be called upon to serve as a member or consultant to state advisory councils or task forces. This is a prime opportunity to help in the identification of needs, recommend viable delivery systems, limit constraints interfering with comprehensive services, and lobby for increased or amended funding and legislation. The project director may have to exert a great deal of energy in making his project known. Invitations may be issued inviting the council members to visit the project site.

Always be prepared to show and document--succinctly, clearly, and enthusiastically--your activities and results. It would be a tremendous asset to have local politicians, school officials, and parents available to welcome and endorse your efforts. The project advisory council can be most effective in demonstrating community support for the project.

Teacher training programs can be influenced through project efforts. Training guides, audiovisual presentations, practicum sites, and material packets are doubly powerful if they are packaged and ready to go when requested.

With proper groundwork, the project can provide input for developing state planning for handicapped children, improving the quality of programs, designing program guidelines, and testifying in behalf of children's needs.

Summary

As a result of persistent efforts and quality programs, the First Chance Network has become a vital and important catalyst and resource in the development of services to children. Children who previously were ignored, denied, or forgotten are receiving services. The effort has been overwhelming--but so have the results.

Mark Twain once said, "Loyalty to pertified opinion never yet broke a chain or freed a human soul." The First Chance Network has resulted already in many a broken chain and many a child set free to be himself.

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